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Illustrations OF HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ST. GEORGE'S HOSPITAL.

PULSATING TUMOUR OF THE ILIUM: THE DIAGNOSIS BETWEEN THIS AND ANEURISM.

Under the care of P. G. HEWETT, Esq.

CHARLES W., aged 51, was admitted under the care of Mr. Hewett, Nov. 24, 1856, on account of a tumour in the left buttock, attributed to an accident two years before, in which he fell, and struck that part against the edge of a stair. A month after this accident he noticed a little swelling, apparently near the sacroiliac joint. His occupation was that of a gardener, and necessitated frequent strains upon that part, causing him pain. Notwithstanding this, he continued at work for some months, and then came under Mr. Hewett's care at this Hospital in Oct. 24, 1855. At this time pulsation was manifest in the tumour, which was situated below the posterior superior spine of the ilium. It was of small size, and rather hard. The pulsation had not the heaving character of aneurism, nor was any bruit to be heard. Pressure in the sciatic notch did not control the pulsation. He had been losing flesh, and his complexion, which had been ruddy, was becoming sallow. A consultation was held, at which it was decided not to interfere with the tumour, as it was, in all probability, of a cancerous nature, and not aneurism. He remained in the house for nine weeks, and then went away to look after his business, but was unable to do any hard work. The pulsation became gradually more violent, so that the left leg was visibly moved, and the clothes disturbed as he lay in bed; the pain, too, increased, and his health suffered considerably. Under these circumstances he was admitted into the hospital at the above date.

The tumour at this time was found to have increased very much in size; it had been growing rapidly, and then filled nearly the whole of the gluteal region, projecting very much backwards, especially near the sacrum, where it appeared to be somewhat softer, with slight discoloration of the skin. It was somewhat lobulated on its surface, and strong pulsation could be distinctly felt in every part, this pulsation being strongest in the part of the tumour which was the softest. No bruit could be detected. A close examination of the iliac fossa also showed fullness in this region; and an indistinct pulsation, not belonging to the large vessels, could be felt with the fingers pressed deep down. For some months he had been suffering from partial incontinence of urine, and this had latterly become complete, the urine flowing away involuntarily; the bowels also acted unconsciously. The left leg and thigh were very œdematous, and he complained of cold in the part.

From this time he continued to sink very gradually, and without exhibiting any symptoms which call for detailed repetition. The tumour increased steadily, but slowly. He complained of acute pain in it, as well as in the course of the nerves of the affected leg; there was not, however, any paralysis of either sensation or motion. The urine was found occasionally to contain blood; but no malignant cells were seen under the microscope: at other times it was alkaline and free from albumen. Paralysis of the rectum supervened, and gave him much trouble; and he suffered also towards the end of his life from dyspnœa in the horizontal position. For the last week of his life he was occasionally delirious; but became sensible, at intervals, before death. The cause of death seemed to be exhaustion,—the effect of loss of appetite, and the great drain on the system caused by the tumour.

The *post mortem* examination showed no visceral disease, except in the left kidney: here there was a mass of malignant deposit of about the size and shape of a sheep's kidney, similar in appearance (both to the eye and under the microscope) to the larger tumour of the pelvis. The deposit lay immediately beneath the capsule of the kidney, and had encroached considerably on the renal substance, which was otherwise healthy. Projecting from either side of the bones, on the left side of the pelvis, was a very large encephaloid tumour; it was of very soft consistence, almost fluid in some parts, lobulated on the surface, and presented, on section, a cavernous tissue, consisting of meshes of solid matter forming cells filled with grumous blood. The tumour had extensively corroded the ilium and sacrum, and had so destroyed the articulation between these bones that they were freely moveable on each other. Loose spiculæ of bone were found scattered through the substance of the tumour opposite this deficient part. The tumour was more prominent, and extended further in every direction on the buttock. It stretched across the middle line, where it rested on the sacral and lower lumbar spines, to the border of the acetabulum, and from the lower part of the vertebral gutter above to the sacrosciatic foramina below. It had filled up both these foramina, and was continuous above and below with the tumour which was occupying the iliac fossa. This was of the same character as the mass in the buttock: it filled almost the whole of the iliac fossa, and raised the vessels and iliacus muscle. In the pelvis it filled up the hollow of the sacrum, and touched the internal iliac vessels of the right side. The disease had infiltrated the coats of the veins, and many of the large venous trunks (left common, external and internal, and right internal, iliac) were plugged up by large pieces of malignant matter, which, on microscopic examination, proved to be of the same nature as the main disease. This deposit was most abundant in the left internal iliac, and seemed to follow, in some instances, the course of the circulation. The disease, on microscopic examination, was shown to contain cells of various shapes and sizes, many of them fibrillating and containing much oil.

REMARKS. Cancerous tumours of the ilium, pulsating in consequence of their containing in their substance large interspaces filled with blood, and communicating with arteries in the interior of the tumour of very considerable size, and thus simulating aneurism of some of the arteries of the pelvis and buttock, are occasionally (though rarely) observed in our hospitals, and are confessedly very difficult in their diagnosis. The reality of this difficulty is proved by the fact mentioned by Mr. Moore in his paper on the subject, in the *Medico-Chirurgical Transactions*, vol. xxxv, that, out of the five cases in which the common iliac has been tied in London, three were of this nature. These three cases were—one under Mr. Moore's own care, of which the history is given in the paper referred to; one which is reported by Mr. Stanley in the twenty-eighth volume of the same series; and the third referred to was in all probability Mr. Guthrie's case, in which a tumour of this description was mistaken for an aneurism of the gluteal. It cannot, therefore, be useless or uninstructive to put on record a case of the same description, in which the diagnosis was from the first correctly maintained, and to inquire what were the circumstances relied on for establishing it, and what is the value of each.

Now, the circumstances which may indicate a difference between these tumours and those of an aneurismal nature have reference to the following particulars:—1. The general state of the patient; 2. The history of the case; 3. The situation of the tumour; 4. The character of the pulsation, and its accompanying *bruit;* 5. The fact of the tumour making its appearance on both sides of the bone, or no; 6. The presence of disease of other organs; 7. The comparative frequency of the two diseases.

As to the first point, every one who has given any attention to the study of these diseases knows how difficult it is to come to a satisfactory opinion, from the state of the general health,

as to the malignancy or otherwise of a tumour of the medullary character, at a time when the disease is still recent, and the functions not interfered with. Such symptoms, then, will only be useful as distinguishing an aneurism which has advanced to a large size without any of the disturbance to the general health of the patient which might have been expected from a malignant tumour of the same extent. In Mr. Hewett's case, however, it is rather to the diagnosis of the disease in its early stage, than to its progress in the later, that we would call attention; and in this respect no assistance was obtained from the patient's general condition. Nor was the second point likely to facilitate the diagnosis. The history was more adapted to mislead, inasmuch as a fall such as the patient had suffered, was one of the most natural causes that could have been imagined for the production of an aneurism a few weeks later, especially when the nature of his employment was taken into account.

Thirdly, as to the situation of the tumour. This gave also negative evidence, inasmuch as the swelling was situated at the region of the sacro-sciatic foramen, just where aneurism of the gluteal or sciatic artery, if it existed, would most naturally be looked for. In the second volume of the *Lancet* for 1854, is the report of a case at King's College Hospital, under Mr. Fergusson's care, in which the diagnosis between aneurism and pulsating tumour of the ilium was successfully established, and in which assistance was derived from noting the fact that the tumour did not project exactly at the spot where aneurism of the gluteal artery might be looked for. This sign, however, failed in the case before us. Important information, however, was derived from the nature of the pulsation, and from the stethoscopic examination. The latter revealed an absence of the *bruit* which usually, but not always, accompanies the formation of a small aneurismal tumour. Not always, for small aneurisms are occasionally found, in which no sound is generated by the current of the blood in them, probably in consequence of the freedom of the communication with the arterial tube. Such a case will be found reported in this JOURNAL for 1856, p. 515.

Again, the character of the pulsation differed somewhat from that usually observed in aneurism. This difference it is not easy to explain in words. The pulsation was of a heaving character, but rather as if every part of the tumour swelled at the same time, than resembling the transmission of a wave through a sac already filled with fluid, as is the case in small aneurisms not containing any appreciable quantity of coagulum. These facts, then—viz., the absence of *bruit* and the nature of the pulsation—were of much importance in forming the diagnosis.

The next point to which attention is to be drawn is the projection of the tumour in both the gluteal and iliac regions. This is a circumstance which was very strongly insisted on by Mr. Hewett in his remarks on this case, as rendering it, to say the least, highly probable that the tumour in which it may be observed is a malignant tumour of the bone, and not an aneurism. It is impossible, indeed, to deny that aneurism, arising either in the iliac or gluteal region, may corrode the bone, and may thus make its way into the opposite region; but how much more likely is it that a tumour which affects the adjoining parts only by the mechanical influence of its pressure, should make its way in the direction in which it finds least resistance, and thus should not affect the bone until after it has increased to so large a size in the soft parts as by its weight to produce considerable obstruction to its further increase in the same direction. The argument which seems to have induced Mr. Stanley, in the case above referred to, to lay less stress on this circumstance (for the symptom was present in that case also) than Mr. Hewett did—viz., that the bones are often corroded by aneurism, especially in the thorax, appears to have been pushed too far. The arrangement of parts in the thorax differs so totally from that in the buttock or abdomen, and the forces acting on the viscera in that closed cavity give them so much more power to resist pressure than is possessed either by the intestines or the soft parts of the buttock, that the cases are hardly sufficiently analogous to be safely compared together. It appears probable, then, that cases in which the tumour can be felt on both sides of the ilium before it has attained any extraordinary development on either, may safely be put down as having originated in the bone. This sign, however, was not present in Mr. Hewett's case till later in its progress; but it is one which is very frequently to be observed, if carefully sought for, and which, if this view is correct, would be of the greatest service in forming the diagnosis.

Next, as to the presence of disease in other organs. This is undoubtedly one of the strongest possible proofs of the cancerous nature of the tumour. It was, however, not very distinct in this case at any time; for although the urine was noticed occasionally to contain blood, the microscope failed to detect cancer-cells. This fact is of some interest in connexion with Mr. Moore's case above referred to, in which also malignant disease of the kidney existed, as well as a malignant tumour pressing upon but apparently not involving the bladder. Here the urine, examined after death, showed the presence of malignant matter. The case before us seems to prove that this test, valuable and conclusive as it is when present, must not be too confidently expected, and therefore that its absence must not be held to show the freedom of the urinary organs from malignant disease.

The last point refers to the comparative frequency of the two diseases. On this subject, we have not been successful in finding any positive information, but it may be asserted with confidence that while aneurism of the iliac arteries or their branches is a very rare complaint, malignant tumour of the ilium is a comparatively common one, and the occurrence of pulsation in such tumours not unusual. The careful consideration then of all these signs will, it is hoped, in the great majority of cases, enable the surgeon to come to a correct conclusion, and thus avoid an operation which is very frequently fatal, and which at the best can hardly do otherwise than hasten the inevitable termination of a malignant disease.

Before quitting this case, we would allude, as an interesting pathological appearance, to the fact of the malignant disease having penetrated into the interior of the veins. This exception to the immunity which the blood-vessels usually enjoy from contamination by cancer even when surrounded by the tumour, is occasionally met with in the medullary form of the disease when rapidly advancing. A case came under our observation a short time ago, in which a large medullary tumour of the kidney had thus affected, not only the external iliac vein, but also the ureter; down which it had passed, and was hanging into the bladder in the form of a long rope-like projection out of the dilated extremity of that tube.

KING'S COLLEGE HOSPITAL.

DEATH FROM THE ADMINISTRATION OF CHLOROFORM.

ANN M., aged 16, was admitted under the care of Mr. Partridge, on July 8th, on account of syphilitic tubercles about the vulva. It appeared, from the history which her friends afterwards furnished, that she had had rheumatism at intervals since her childhood, but she was not known to suffer from disease of the heart. Chloroform had been given twice before during her stay in the Hospital, in order to remove the pain of the application of nitric acid to the tubercles; one drachm was used on one occasion, and half a drachm on another. No uncomfortable symptoms showed themselves.

On the evening of August 7th, the nitric acid was ordered to be again applied under the influence of chloroform. This was accordingly done, under the superintendence of Mr. Heath, house-surgeon, by a gentleman who had frequently given chloroform before. One drachm of the fluid was put into the inhaler (Dr. Snow's). She soon became unconscious, without any unusual symptom having been observed. The inhaler was then removed, and the acid applied. This took two or three minutes, during which time she remained insensible. She then appeared to be recovering consciousness, as she moved her limbs and passed urine. She was left under the care of the nurse. In somewhat more than five minutes, the nurse (who had come to speak to the house-surgeon on some other matter) reported the patient as looking unusually pale. She was visited immediately, and found to be quite cold and pulseless. The usual remedies, cold affusion, artificial breathing (the "ready method"), and the galvanic battery were used, and persevered in for twenty minutes, but without eliciting any signs of animation.

Post mortem examination showed disease of the heart; the mitral valve being much thickened and very rigid. There was also old false membrane on the pericardium. All the other viscera were healthy.

REMARKS. We have gathered these particulars of the first fatal accident from the administration of chloroform which has occurred at King's College partly from details supplied by Mr. Heath, who was present at the administration of the drug, partly from the evidence at the coroner's inquest. It is difficult to see what precaution could have been taken which was neglected. The quantity of chloroform was not greater, if so

great, as had been administered twice before with safety; it was in the hands of experienced persons, it was given for only a short time; and the patient was not left till symptoms of recovery had shown themselves. It is not, indeed, expressly stated what was the state of the pulse after the application of the acid; but the fact of movements of a semivoluntary nature having been made, seemed to show that she was recovering consciousness, while the action of the bladder proved that the involuntary muscles were not at that time (some minutes after the last inhalation of chloroform) paralysed.

The presence of valvular disease of the heart may have had some influence in producing the fatal result; but to what extent it was the real cause of that result remains doubtful. All that seems certain at present with respect to the relation between diseased heart and the administration of anæsthetics is, that the presence of such disease affords no formal contra-indication to their exhibition (an illustration of which fact is furnished by this case, where chloroform had already been used twice without injury); while, on the other hand, its absence does not prevent the occurrence of accidents. Thus it will be seen in the table recently published in this Journal, that the majority of fatal cases (in which *post mortem* examinations have been obtained) have been in patients free from such disease. The present case might, however, be used as a precedent for caution in administering chloroform to patients known to labour under valvular disease; while the fact of numerous lives having been lost through administering chloroform in minor operations like the present suggests very grave doubts as to the practice to be pursued in such cases for the future.

ST. BARTHOLOMEW'S HOSPITAL.

I. ILIAC ABSCESS: ESCAPE OF FÆCAL MATTER BY THE WOUND: RAPID RECOVERY.

Under the care of W. Lawrence, Esq.

[*Notes by* W. Chippendale, Esq., *House Surgeon.*]

Eliza H., aged 22, married, no family, a woman of pallid, weakly appearance, was admitted May 11th, under the care of Mr. Lawrence. She stated that she had had a rigor eight days previously, having before that had severe pain in the hypogastric and right iliac regions. On the 15th, fulness and marked tenderness were perceived in the right lumbar region, and on the following day the swelling became more manifest.

May 18th. The abscess was opened in the lumbar region, and seventy ounces of fœtid pus were evacuated, with a good deal of air of a very offensive nature. Quinine, wine, and brandy were ordered.

May 19th. She expressed much relief. The discharge continued, and was very offensive.

May 21st. The bowels had been confined for the last three days. To-day, on her being moved in bed, eighty ounces of fæces, mixed with some purulent matter, escaped. Ordered a pint of brandy and tinct. opii. ɱxl.

June 4th. Since the 21st the discharge of pus has been constant, but there has been no more fæcal discharge. The character of the discharge is good, and not offensive.

No further symptoms followed, and in a few days she was discharged quite well, the abscess having healed.

Remarks. We give the notes of this curious case as it occurred, but without being able to offer any very satisfactory hypothesis as to the real nature of the ailment. Cases, indeed, not very unfrequently occur in which abscesses of the pelvis communicate by ulceration with the intestines, and again (but we believe much less frequently) in which ulceration from within, the result either of morbid action or of mechanical irritation, establishes a passage for the fæces into the subperitoneal cellular tissue; but in these cases the fæces are usually evacuated immediately on the incision being made into the inflamed parts; and they always, in the previous cases which we have seen, have continued to flow from the wound for a comparatively long period—the opening in the gut contracting gradually. The above is the only instance we remember to have heard of in which, some days after the opening of an abscess in the loins, the whole contents of the intestine came through the wound suddenly, and then the opening in the gut closed completely and permanently, and the patient recovered entirely in three weeks.

We subjoin a very short notice of the *post mortem* examination of a patient who died of an injury not usually so suddenly fatal, and in fact in adults very commonly not fatal at all. It shows well the effect of shock in cases of injury to the viscera supplied from the great abdominal ganglia, especially in persons of tender years. There is mention of a slight bruise of the lung; but this was so very trifling that it would have had no effect in producing death.

II. LACERATION OF THE KIDNEY: DEATH.

Under the care of E. Stanley, Esq.

[*From Notes by* E. Barker, Esq., *House-Surgeon.*]

A female child, aged 4, was brought in a few days ago in a state of collapse, having been run over by a cart, the wheel of which was said to have passed over her back. There were no external marks of violence. She died in ten minutes after admission, and twenty after the accident. On *post mortem* examination, a very small quantity of blood was found extravasated in the right lung and in the pleura. The right kidney was lacerated to a considerable extent, but little blood was effused around it. All the other organs were healthy.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.

REPORT OF THE OPERATIONS PERFORMED FROM JUNE 25TH TO JULY 25TH, 1857.

Communicated by Ch. Bader, Esq., Curator.

I. Lachrymal Sac. Four operations were performed on this organ. The four cases were treated with the actual cautery; three without, and one with, chloroform; beyond the section in the skin, hardly any pain was complained of. The cases were of several years duration, and had previously undergone other curative attempts. In two of them there was a cicatrix above the sac in the skin; the lower lachrymal punctum, as well as the passage in the nose, was closed; there was, on pressure, regurgitation of purulent matter through the upper punctum. One case (a patient of Mr. Poland) illustrates especially well the pathological changes which the sac undergoes after long duration of the disease. The swelling of the right lachrymal sac originated two years ago, and had since then continued discharging purulent matter through both lachrymal puncta. Since January he had been treated by introduction of the probe, but did not improve. On passing the probe, great resistance had at times to be overcome; at other times it passed very easily. Before opening the sac, the probe was passed down into the nose, to ascertain its relative position in the sac. On opening the sac, the mucous membrane was found thrown into thick folds, stretching especially across the lower part of the cavity, the bony walls of which had been dilated in every direction; many of the mucous folds were torn, parts of them were detached, hanging in shreds into the cavity; the opening towards the nose was free. The difficulties in passing the probe, the occasional bleeding from the nose, the impossibility of the matter escaping downwards, etc., are in this case easily explained by the changes in the sac itself. The probe was then withdrawn, and the actual cautery applied to the whole surface of the sac.

All the cases mentioned as treated in this manner are progressing favourably. The patients can leave the Hospital immediately after the operation.

II. Eyelids. There were nineteen operations.

Eight cases of *trichiasis* were treated by removal of the edge of the lid, as far as regards the eyelashes.

Of two *nævi*, both in children, one was treated with a ligature round the base; the other was touched with concentrated nitric acid.

Three cases of *entropium* came under treatment. The continued irritation of chronic ophthalmia had caused a narrowness of the palpebral aperture, and with it the entropium. In two cases it has been tried, by enlarging the outer angle of the palpebral aperture, to facilitate the movements of the lids, and to obviate the entropium, with the view of saving the eyelashes. In the third case, an oval piece of the skin of the lower lid has been removed.

One severe case of *ectropium* of the left upper lid, consequent on disease of the frontal bone, was met with in a girl, a patient of Mr. Critchett. The cicatrix everting the lid was divided parallel to the edge of the orbit; on this transverse a vertical incision was made; two skin-flaps were formed, and these, drawn down so as to protect the eye, were united with sutures. At present, the case looks much improved, and the eye remains protected.

One case of *ectropium* of the lower lid was treated by removing an oval piece of the conjunctiva at the part where it was most everted.

Two cases of *tumour of the upper lid* occurred, both in children. The one (a patient of Mr. Wordsworth) was a small round sebaceous tumour, attached to the periosteum of the upper orbital edge. The other (a patient of Mr. Crichett) consisted of a general enlargement of the upper lid, of which, in two succeeding operations, the greater part was removed, the necessary skin being preserved, so as to raise the upper lid, and prepare the orbit for the reception of a glass eye. The shrunken eyeball, together with the deformed upper lid, are congenital defects, and a rare instance of a general pathological (?) change of the subcutaneous tissues of the upper lid. A report of it will be given at some future time.

Two cases of *ptosis* were admitted. On one, the usual operation by removal of a piece of skin had been performed, but with unsatisfactory result. Mr. Bowman therefore applied a new plan. Instead of the common operation as above described, he everted the lid, and excised the posterior or upper edge of the palpebral cartilage, together with about half an inch of the tendon of the levator palpebræ inserted into it. Previous to the actual removal of the piece, very fine threads were passed, so as to bring together the edges, and thus secure a shortening of the tendon of the levator muscle to the extent of three quarters of an inch. The lid was then turned back into its natural position. It is expected that the levator palpebræ will be thus permanently shortened, and enabled to aid in raising the lid. The upper cul de sac of conjunctiva is exposed to little movement and readily heals.

III. Muscles of the Eyeball. There were thirteen operations for *internal strabismus*; for *external*, two. In all cases the tendon has been divided subconjunctivally. In one extreme case of internal strabismus, Mr. Hulke employed Mr. Bowman's method of holding the eye outwards during the first twenty-four hours, by drawing an exceedingly fine thread through the conjunctiva close to the outer edge of the cornea, then carrying the needle from within outwards through the skin at the outer canthus, and securing with plaster the thread on the skin. The conjunctival operation has been shown at this Hospital to be so successful, simple, and short, as to be preferable to any other.

IV. Cornea. There has been one case of removal of the superficial layers of the cornea opposite the pupil, with the broad needle and forceps. The layers were opaque from a deposit of lead. There was some bleeding from the cut surface of the cornea.

One case of transparent *conical cornea* in both eyes was admitted; in the left so much as to make vision extremely imperfect. Mr. Bowman operated in a new manner upon the left eye. First the broad needle was introduced from right to left about half way between the top of the cone and the outer corneal edge, making an oblique corneal wound; then the outer pupillary margin of the iris was drawn out with the canula forceps and left in the oblique wound, the latter being, by its peculiar shape, more fit to keep the iris incarcerated. By this the round pupil is transformed into a transverse one, which, when the same operation is performed opposite the inner pupillary margin, will form a transverse slit, and, it is hoped, will supersede the optical remedies (transverse slit) usually employed.

V. Sclerotica. Several small round *staphylomatous enlargements* of the sclerotica opposite the ciliary processes were met with in a man (a patient of Mr. Dixon). He had had iritis, etc., with adhesions in both eyes. Mr. Dixon punctured the largest of the staphylomata with the broad needle. Some clear fluid, afterwards some blood, escaped. The staphyloma appeared much reduced in size a few days afterwards.

VI. Iris. Nine operations for artificial pupil were performed. In all the cases, except two, the corneal opening was made with the broad needle, and the iris was drawn out, either with the canula forceps, common iris forceps, blunt hook, or needle hook. In two cases the drawn out piece of iris was left in the corneal wound; in the others it was snipped off with scissors. If not prevented by the morbid state of the cornea, the pupil was established down and outwards.

One case occurred of considerable *prolapse of the iris* after extraction. The eyelids were kept open with the speculum; and with a pair of small iris scissors an oval piece was removed, and so much of the vitreous humour as escaped was also snipped off. Such a prolapse keeps up chronic ophthalmia; and the sooner it is removed the better.

VII. Crystalline Lens. Sixteen operations for *extraction of the lens* through an upper corneal section were performed. In two cases the lens escaped enclosed in its capsule; in one case, on touching the capsule with the curette, it was found abnormally tough; and entering it the lens, resembling very soft wax, broke into a superior and inferior half, which had to be taken out separately. In one case the iris was wounded; and in one the corneal section had to be enlarged with the blunt pointed knife.

Two cases of *congenital cataract* (boys), and seven cases of cataract in elderly people, were operated upon with one needle; six of those had soft lenses, and the seventh was an old man, subject to rheumatism, on whom the needle operation had successfully been performed before.

In three cases where the previously broken up lens was let out by a small corneal opening.

In two cases of extraction, the pupil was entirely closed by the sequelæ of iritis. In the one an entire, in the other a small corneal section was made. In the one, the deposit in the pupil was divided with the iris scissors; and the lens with part of its capsule was drawn out with the curette. In the other, the pupil was first entered at its outer part, and the corneal wound enlarged on withdrawing the knife; then with the broad needle the pupillary incision was extended, and with the canula scissors continued so as to excise a disk-shaped piece of the pupillary deposit; this was drawn out with the canula forceps, and then the lens removed with a cataract needle; it should be remarked that in these operations each instrument has been used where it best answered the purpose, and also that the iris, changed in its mechanical properties by the previous inflammation, retains (as a fixed curtain) its position during the operation. The patient saw after the operation.

In ten cases, a film or *false membrane* behind the pupil was torn across: with one needle in seven cases, with two needles in two cases; and in one case where the grayish membrane was drawn out with the canula forceps.

VIII. Excision of the Eyeball. Three cases of this operation occurred. In one case, the eyeball had been damaged by purulent inflammation during childhood; on admission, there was an ulcerating opaque cornea, with three small staphylomatous enlargements of the sclerotica at its upper part. The sclerotica was squared by muscular pressure.

In the second case, opacity of the cornea had followed purulent ophthalmia during childhood; since then, during ill health, there had been several attacks of inflammation, of which the last, accompanied by severe pain, had continued six months. There was no perception of light.

In a third case, twenty years ago, a piece of a percussion-cap entered the eye. After the ensuing inflammation, the eye shrank to a small irregular mass. Periodical attacks of pain, the sympathetical affection of the other eye, and the condition of the patient, induced Mr. Streatfeild to remove the stump in the manner in which excisions are performed at the hospital. The foreign body could not be found. The eye affords a very good example of the formation of a bony shell at the place of the capillary layer of the choroid.

The facility with which excision is performed, its great innocence, and the perfect adaptability of an artificial eye, ought to make us consider almost every disorganised eye which is the seat of pain or annoyance as a foreign body, whose removal is to be accomplished the sooner the better. If not painful at the time, it is a deformity, liable at any time of ill health to become the seat of inflammation, and to affect sympathetically the opposite organ. Omitting the scientific advantages of excision, it is not only unwise, but incorrect, to bring before the patient's imagination the idea of "taking the eye out". Medical men must soon learn to value the simplicity of the operation.

Besides 94 operations, there have been in the out-patients' consulting room, during the last month, 110 minor operations. Among these were 49 for diseases of the lachrymal puncta; and the puncta have been slit up in the conjunctival aspect as far as the caruncle, with a view to facilitate discharges from the sac, and to allow of the use of larger probes than the ordinary punctum will admit. The canula lancet has been sometimes used to penetrate strictures at the entrance to the sac, if the full sized No. 6 probe has been then passed through the nasal duct. Mr. Bowman's method of treating lachrymal obstructions through the slit-up punctum, without making any opening in the skin, is being constantly practised in a number of cases, and its value tested. But this will require a more extended notice on a future occasion.

Original Communications.

ALARMING HEAD SYMPTOMS, AFTER VIOLENT EXERCISE IN HOT WEATHER, RELIEVED BY QUININE.

By Robert L. Bowles, Esq., Folkstone.

H. W. B., a medical man, stout, strong, and healthy, 28 years of age, and married, was attacked on the evening of July 6th, on his way home from the cricket-field, with most severe headache. He had walked, in the course of the day, about sixteen miles, besides having played for two hours at cricket. The day was hot and sultry. On arriving at home, he went to bed, but the severity of the pain in his head prevented his sleeping. He had also great intolerance of light. During the next two days he continued much in the same state, with the addition of occasional delirium. It was at this time that I was called in, and found my patient complaining of severe splitting pain in the forehead, which was much increased by talking or moving. He earnestly requested me to leech or bleed him, having a conviction that he was suffering from congestion of the brain. The pulse was from 46 to 48 in a minute, soft, and occasionally intermitting; the skin cool and moist; the tongue œdematous and pale, with a soft white fur on its surface; the face, which was occasionally flushed (though without a corresponding heat of skin), wore a singularly indifferent and solemn expression; the ocular conjunctiva was healthy in appearance. He had become restless and irritable, and was constantly throwing himself about in bed. His bowels had been acted upon by a seidlitz draught. A mixture of ammonia, sulphuric ether, and camphor julep, was now prescribed to be taken every four hours, and a full dose of liquor opii at bedtime.

July 9th, 8 A.M. The patient had passed a comfortable night, and appeared much relieved, his countenance wearing a more natural expression. In the afternoon, however, the symptoms returned in all their severity. The opiate was omitted at bedtime. A blister was applied to the neck.

July 10th. In the morning, I found that he had been delirious, and had passed a restless night; the pain and intolerance of light were quite as distressing; and he was unwilling to take nourishment of any kind. The bowels were confined, and the tongue had now a brownish coat on the back part. The blister had risen well. A physician, a friend of my patient, called to see him; and, believing the case to be of the nature of sun-stroke, advised eight leeches to the temples, which were accordingly applied, but with no relief to the symptoms. He was now a good deal depressed.

July 11th. He passed a restless night. The bowels were freely relieved by a pill of calomel and colocynth, but each action of the bowels appeared rather to aggravate the headache. The opiate was given at bedtime, and a mixture of sulphuric ether, valerian, and camphor; with beef-tea *ad libitum*. This treatment afforded considerable relief, and gave him a comfortable night.

July 13th. Severe symptoms again returned, which were partially relieved by repeated doses of the stimulating mixture. Mr. Roscow (who now saw the case with me) advised disulphate of quinine, in three-grain doses, to be taken at intervals of two or three hours; care being taken to give the first dose of quinine when the headache was at its minimum. The effect was magical. The first dose prevented the paroxysmal return of headache, and, with its continuance, a rapid general improvement took place.

July 16th. My patient was convalescent, the pulse having risen to its normal standard.

Remarks. Twelve months ago my patient was living in the island of Grenada, and for nearly two years he suffered severely from repeated attacks of intermittent fever, for which he had taken large doses of quinine with great advantage.

Some features of this case might lead one to entertain the idea of sun-stroke, or of some disturbance allied to that disorder; and the severe headache, intolerance of light, and delirium, would rather suggest an antiphlogistic plan of treatment; but all the other symptoms evidenced a depressed or exhausted state of the system, which for a time was relieved by sedatives and stimulants. It was not until the quinine was given that a real and permanent improvement took place. The severe attacks of intermittent fever from which my patient suffered twelve months before, the relief he then obtained from large doses of quinine, and the remittent character of his present indisposition, suggested the use of quinine in the present instance; and we have seen with what happy results.

CASE OF TELEANGIECTASIS, OR ANEURISM BY ANASTOMOSIS, SUCCESSFULLY TREATED.

By Draper Mackinder, M.D., F.R.C.S.Edin., etc., Gainsburgh.

[*Read before the Royal Medical Society of Edinburgh, Feb. 20th*, 1856.]

The accompanying drawing, made by a local artist, represents a very interesting case of aneurism by anastomosis, of which I have had the treatment. The first portrait was taken when the girl came under my care, Aug. 30th, 1852; and the other about two years afterwards, some eight months before she left the workhouse hospital to live with the family of a clergyman who had shown much interest in her welfare.

Fig. 1.

It will be perceived that the tumour involved nearly the whole of the left lower eyelid. It was circular in outline, extending from the inner canthus to the external fifth of the ciliary margin, and from the canine fossa and malar protuberance to the centre of the axis of vision, having a depth of five-eighths of an inch (which the delineation fails to convey). Its situation, its magnitude, the amount of hæmorrhage which was likely to follow any operative proceedings, the want of success which had attended the curative efforts of other practitioners ere the tumour had assumed so formidable an aspect, and the injury which the eye might probably sustain, rendered this a more than usually anxious case. Various plans of treatment were tried, with different degrees of success. It will perhaps be best to give a sort of commentary on them.

My patient, Emma Buttery, aged 12 years, stated that she had a seton in the tumour for three weeks, when she was but eight months old. In 1848, she was nine weeks in the Lincoln Hospital, without any perceptible improvement. Since that time, the tumour grew very considerably. My late partner, Mr. F. A. Lowe, having successfully treated a large tumour of this kind in the axilla of a boy by means of acupuneture, I tried the effect of the needles on my patient for a few times; without, however, any apparent benefit. I next introduced the needles made red hot, while the girl was in a state of anæsthesia: a perceptible diminution of the tumour was the result. After having introduced the hot and cold needles forty-one times (the tumour was pierced all over every time), in consequence of the slow progress made, the galvanic cautery was applied, the tumour being surrounded by platinum wire, which was passed under the integuments, and then brought to a white heat by means of a powerful battery. The pain caused by the incandescent wire was considerable, notwithstanding what has been asserted to the contrary.

From January 17th to March 18th, 1853, the galvanism was applied to the platinum wire, which was allowed to remain, about twice a week. Then ligatures and pressure were adopted for four months, with some improvement. In consequence, however, of the discontent manifested by the girl and her friends at the duration of the treatment, I was induced to change my plan; and consequently, on September 1st, I passed a very narrow double-edged knife under the skin, near to the external canthus, and cut up the whole of the blood-vessels; the hæmorrhage being in a great measure arrested by the immediate injection of a filtered saturated solution of the lactate of iron. The eyelid was a little swollen for a day or two.

On September 16th and 30th, I performed the same operation, but with so little benefit that I determined on varying my proceeding by using an unfiltered solution of the lactate of iron, which, I felt persuaded, would succeed, by its irritant as well as by its coagulating power, in stopping the circulation of the part. On November 13th, after having cut up the tumour as on each former occasion, I injected a drachm of as thick a solution as would pass through the small canula attached to the syringe. Though but little pain was experienced in former operations, after the anæsthesia had passed off, much was complained of this time; and consequently I was not surprised to find, on the following day, that considerable inflammatory action had been set up. The eye was much chemosed; the lids were swollen and very tense; and I feared that the sight would be lost. The chemosis gradually diminished; but the vitality of a portion of the lid ceased; and, on November 18th, five days after the injection, nearly the whole of the aneurism sloughed, leaving a large gap in the lid, which slowly granulated up, a few small blue vessels only remaining to be obliterated.

At the expiration of four months, I again injected the lactate of iron a few times, but without success, the remnant of the tumour being evidently too small to be affected by the fluid. Pressure and ligature seemed quite useless; and the only means left was the potassa fusa or hot needles. The latter I applied, and cured the case.

Chloroform was inhaled from twenty-five to thirty times, anæsthesia at first being induced in six minutes, at last in ninety. The dose on this occasion was seven drachms; and so great was the coma, which suddenly supervened to a state of vexatious talkativeness, that I feared a fatal result, and did not think it prudent to accede to the wish of my patient to administer it again.

Fig. 2.

It will be obseved in figure 2 that there is a little deficiency of the lower lid, which gives a stare, and allows the tears to trickle over in moments of excitement. This defect has improved since the drawing was taken.

Although this case was under observation and treatment about two years, its result (which has placed the poor girl in a position to obtain her own livelihood) amply repays the time and labour devoted to it. I have to thank my friends, Mr. John Lowe and Mr. Jacobson, for their able assistance.

OBSERVATIONS ON ELIMINATION IN FEVER.

By C. Handfield Jones, M.B., F.R.S., Physician to St. Mary's Hospital.

The mode of determining the amount of urea in the following cases is a modification of that proposed by Dr. Davy (*Dublin Hospital Gazette*, June 1st, 1854, p. 134). One drachm of urine is poured into a tube graduated into cubic inches, tenths, and hundredths; and the tube is then filled up with liquor sodæ chlorinatæ, diluted with an equal volume of water, and immediately inverted in a solution of common salt. The urine, as it gradually mixes with the liquor sodæ chlorinatæ, becomes decomposed, and nitrogen is set free, which collects in the top of the tube. Much of the liquor sodæ chlorinatæ is wasted, being expelled by the nitrogen as it collects. Some loss of urea, no doubt, takes place; but not much, I think, as scarce any gas is evolved in the lower third of the tube. After standing some hours, the tube should be shaken, as Dr. Davy recommends, after which some further amount of nitrogen is extricated. In about six hours, the volume of gas may be read off, and the amount of urea can be easily calculated from it; 1,549 cubic inches of nitrogen=1 grain of urea. I do not suppose this method is so accurate as that of Liebig; but it can be very easily and readily performed, and affords, at any rate, results capable of being compared with each other. The main cause of error lies in the circumstance that so small a quantity of urine only can be operated on.

Case I. R. B., aged 24, was admitted September 30th, 1856. He had been ill seven days. He had severe fever, from which he was convalescent on November 11th. There was diarrhœa, and at one time high delirium. He was treated by salines and a little wine till October 9th, when he got two grains of quinine every three hours. The wine was increased to six ounces on October 10th. Improvement had begun by October 13th.

Urine. October 7th. The urine was of yellowish colour, clear; specific gravity 1014; slightly albuminous, depositing numerous granular and translucent casts. The quantity in twenty-four hours was above 20 oz.

October 10th, during depth of fever. The quantity passed in twenty-four hours was 66 oz., of specific gravity 1018. The total amount of urea was 534·864 grains; the total amount of uric acid, 23·76 grains. There were many casts deposited.

October 23rd. The patient was taking bottled porter and three ounces of wine; no meat. Convalescence had commenced. The quantity of urine in twenty-four hours was 60 oz., of specific gravity 1017. The total amount of urea was 468·00 grains; of uric acid, 4·20 grains. Much uric acid was deposited; there were also a trace of oxalate of lime, and a few casts with fungi filaments.

November 14th. He was quite well. He had had ordinary diet and porter since October 27th. The quantity of urine in twenty-four hours was 66 oz., of nearly normal colour, of specific gravity 1017. The acidity per ounce was represented by forty drops of saturated solution of bicarbonate of soda. The total amount of urea was 490·776 grains; of uric acid, a trace. There was, besides, a copious precipitate of uric acid, which fell down spontaneously, and could not be estimated. There were no casts.

It is clear that the greatest amount of tissue-metamorphosis, as indicated by the urine, took place during the depth of the fever; it was less at the period of commencing convalescence, and increased again somewhat when health was restored, but did not equal then that which went on when the vital powers were most prostrated by the fever-poison. The spontaneous separation of the uric acid during convalescence, as long as the patient was under observation, is worthy of remark. It did not result from superacidity of the urine, as this was notably less than the normal mean (sixty drops per ounce). I have now a patient, who has been under my observation for months, suffering from symptoms of renal degeneration; his urine constantly deposits much uric acid, although the acidity is below the usual mark. The spontaneous separation of uric acid is a very common occurrence in children recovering from scarlatinal dropsy. In all these cases, I do not think the phenomenon is to be explained by the existence of an excess of urates, or of over-acidity of the urine. I rather refer it to an impairment of the function of the kidney, and look upon it as a sign of a weakened organ. Is there any connexion between this state and that which gives rise to calculus?

Case II. J. H., aged 49, a woodman in Hyde Park, was admitted October 15th. He had been ill one week with typhoid fever, accompanied by some delirium and diarrhœa. He be-

came very low, and died October 25th. He was treated by beef-tea and six ounces of wine. On October 19th, he had half an ounce of spt. guacæ every four hours.

Urine. October 20th. The quantity in twenty-four hours was 34 oz.; specific gravity 1025; colour high. The acidity was below the normal mark. The total amount of urea was 263·296 grains; of uric acid, 10·2 grains. The urine deposited casts, mostly homogeneous.

Case III. S. B., aged 39, a nurse in St. Mary's Hospital, was admitted December 2nd, 1856. She had been ill some days before admission. She was attacked at first with diarrhœa and vomiting. She lapsed into a state of extreme depression, and died October 10th. She was treated with salines and nitric ether, and compound chalk powder with opium for diarrhœa. She had half a bottle of stout on December 6th; and, on December 9th, was ordered to have an ounce of mistura spiritûs vini gallici three times a day.

Urine. December 9th. The quantity of the last twenty-four hours was 42 oz.; it was high coloured, turbid, but clear after depositing a whity sediment; specific gravity 1020. The acidity per ounce was equal to thirty drops of saturated soda solution. The total amount of urea was 431·424 grains; of uric acid, 5·88 grains. The urine was doubtfully albuminous. In the deposit were masses of uric acid, granular and homogeneous casts, a good deal of renal epithelium, and some blood-corpuscles.

In both the preceding cases, the fatal event precluded a comparative analysis. It is apparent, however, that, in the last case, the amount of urea excreted was quite equal to that produced by a person in health (336 to 401 grains, according to other observations with this method). In Case II, the amount of urea was below the healthy mean; but the number of ounces passed, and the specific gravity, do not support the view that elimination was not going on freely. Moreover, the quantity of uric acid was above the mean.

Case IV. G. B., aged 20, male, was admitted November 4th, 1856. He had been ill five days before admission. He had typhoid fever, from which he was convalescent December 4th.

November 6th. He had six ounces of port wine daily.

November 12th. He was ordered a draught of decoction of cinchona, with a drachm of tincture of cinchona, every three hours.

November 19th. Broth diet and milk were ordered: the medicine and wine were omitted.

Urine. About November 5th. The quantity in twenty-four hours was 12 oz.; it was nearly clear, not high coloured; specific gravity 1016. The acidity per ounce was equal to sixty drops of saturated solution of bicarbonate of soda. The total amount of urea was 112·448 grains; of uric acid, 1·56 grains. The urine was slightly albuminous; it deposited a very few granulo-homogeneous casts.

November 27th. The quantity in twenty-four hours was 74 oz.; it was clear; specific gravity 1014. The acidity was represented by thirty-three drops of the soda solution. The total amount of urea was 374·144 grains; of uric acid, 1·11 grains.

December 19th. The quantity in twenty-four hours was 66 oz.; specific gravity 1014·5; quite clear. The acidity per ounce was equal to 65 drops of saturated soda solution. The total amount of urea was 361·152 grains; of uric acid, 3·96 grains. The urine deposited a good deal of uric acid spontaneously, and a little oxalate on standing two or three days.

The first analysis in this case does not refer to the depth of the fever, but to an earlier period. The amount of excreta was very greatly increased during the time when convalescence was fully established, as the two last analyses show. The result, on comparison, is notably different to that of Case I; but the date of the first analysis in Case IV has to be regarded. The two experiments are not quite parallel.

Case V. G. F. H., aged 14, male, was admitted November 24th, having then been ill one week. He had diarrhœa and low fever, began to convalesce about December 5th, and was discharged well about January 22nd. He was treated by hydrargyrum cum cretâ, night and morning, from November 26th to December 6th; and an ounce of decoction of cinchona thrice daily. Beef-tea and milk, and two ounces of port wine, were given.

December 10th. He had broth diet and milk.

December 13th. He had half ordinary diet; on December 30th, ordinary diet.

Urine. December 2nd. The quantity in twenty-four hours was 51 oz.; specific gravity 1007; natural colour. The acidity per ounce was equal to twenty-five drops of soda solution. The total amount of urea was 197·472 grains; of uric acid, 1·02 grains. There was a deposit of mucus-corpuscles.

January 8th, 1857. The quantity in twenty-four hours was 82 oz.; specific gravity 1012. The acidity per ounce was equal to twenty-five drops of soda solution. The total amount of urea was 249·854 grains; of uric acid, a trace.

In this instance, the amount of the excreta had increased considerably during the period of convalescence. This may in part, no doubt, be attributed to the improved diet which he had for several days before the second analysis. The urine of the full fever period was, however, in large quantity, though of low specific gravity.

Case VI. E. S., aged 20, female, was admitted December 12th. She had been ill about seven days before admission. She had typhoid fever, was convalescent about December 30th, and was discharged well about the middle of January. She was treated by three grains of hydrargyrum cum cretâ, night and morning, for some days, with an ounce of mixture of acetate of ammonia three times a day; milk, and beef-tea.

December 15th. Five ounces of port wine were given.

December 30th. She had half ordinary diet, and a pint of porter; also an ounce of decoction of cinchona three times a day.

Urine. December 18th. The quantity in twenty-four hours was 44 oz., of clear light colour; specific gravity 1008. The acidity per ounce was equal to sixty-five drops of the soda solution. The total amount of urea was 193·116 grains; of uric acid, 2·64 grains.

January 5th. The quantity in the last twenty-four hours was 79 oz.; it was clear; specific gravity 1012. The acidity per ounce was equal to sixty drops of soda solution. The total amount of urea was 302·017 grains; of uric acid, a trace.

This case is very similar to the preceding; the same remarks apply. In both cases, the uric acid in the period of convalescence amounted to but a mere trace.

Case VII. A. P., aged 22, a male, was admitted June 26th, 1857, having been ill seven days before admission. He had typhoid fever, with diarrhœa. He was in the depth of fever about July 9th, began to convalesce about July 14th, and was doing quite well on August 14th. He was treated with six-drachm doses of quinine mixture from July 6th to 8th; afterwards with mixture of acetate of ammonia, and two grains of bicarbonate of ammonia, every four hours. Four grains of hydrargyrum cum cretâ were also given on the night and morning of one day. He had broth, and five ounces of wine daily.

July 14th. He had half a pint of bottled porter, with half a drachm of yeast.

July 17th. Half ordinary diet was ordered, with a pint of milk, and the same quantity of beef-tea.

July 19th. The following was prescribed:—

℞ Decocti cinchonæ ℥i; ammoniæ bicarbonatis gr. ij. M. Fiat haustus ter die sumendus.

July 20th. He was ordered an egg daily.

August 3rd. He was ordered two ounces of port wine daily.

August 6th. He had a pint of bottled stout.

August 7th. He was ordered ordinary diet, with a pint of milk, and half a pint of beef-tea.

Urine. July 9th. The quantity in twenty-four hours was 38 oz.; specific gravity 1016. The acidity per ounce was equal to thirty-five drops of the soda solution. The urine was of pale red colour, nearly clear; it contained much albumen. The total amount of urea was 388·512 grains; of uric acid, 1·90 grains. The urine deposited some casts, granular and corpusculated; and some renal epithelium.

August 1st. The quantity in twenty-four hours was 29 oz.; specific gravity 1023. The acidity per ounce was equal to forty drops of the soda solution. The colour was high, clear; there was no albumen, nor were there casts. The total amount of urea was 296·496 grains; of uric acid, 8·245 grains.

In this case, elimination by the urine went on in much greater quantity during the depth of the fever than subsequently, when health was being re-established. The presence of albumen, casts, and renal epithelium, in the secreta during the fever period, testify to the existence of renal congestion at that time, which subsequently ceased.

Remarks. In cases IV, V, and VI, the amount of urinary *eliminata* was greater during convalescence; in I and VII, it was greater during fever. This no doubt depends partly on the circumstance that the analysis was made at an earlier period of the disease in the former than in the latter. The average date in the one is 18·5, in the other 11·33 days, from the commencement; as appears from the following table.

Dates of the Analyses (a) during the Fever Period; (b) during Convalescence.

Cases.	Fever period.	Convalescence.
I	17th day.	30th and 44th days.
II	13th „	„ „
III	12th „	„ „
IV	6th „	28th and 50th
V	15th „	52nd
VI	13th „	31st
VII	20th „	43rd

In the latter, also, there was decided renal congestion; in the former, it was absent, or but slight. Only in case IV was the amount of urine during the fever period below the normal amount; in all the others, including II and III, it was rather copious than the reverse. It is rather remarkable that the greatest elimination during the fever period should have occurred in those cases which presented renal congestion at the same time. The vital action of the glands was not overborne by the hyperæmic afflux, as is so often the case. It is to be remembered, of course, that the amount of elimination during the fever period took place at a time when the supply of food was very materially diminished, and when the amount of waste would naturally have been lessened. A lower figure at this time indicates a proportionally greater degree of elimination than it would during convalescence, when more food was consumed.

The general tendency of the result seems to me to point to the conclusion that, in these fevers, the eliminatory process was not so deficient as to indicate the necessity of directing therapeutic proceedings with the view of increasing it. It is clear that greater waste and elimination may go on during fever than during convalescence; so that diminished excretion cannot be the essence of fever. I once asked a physician, who had ordered grey powder for a fever patient twice a day, what was his reason for doing so; and his reply was, "To eliminate the morbid matter." This idea seems to be widely diffused, and is, in fact, the popular medical theory of the day. I do strongly suspect it is unsound; and that it might easily, but for the clear necessity of supporting the patient's strength, lead to wrong practice. The fever poison is surely gaseous, if it is a material thing. What prospect have we of getting rid of it, especially if it multiplies itself as we conceive, by any kind of evacuation, except it be by the pulmonary exhalations. Indeed, the breathing a free pure air I can believe to be of the greatest importance; but I question exceedingly whether, in any fever except rheumatic, eliminatory remedies are of the least avail, supposing them to act beneficially by ridding the system of the virus or miasm it has imbibed. That they may do good by subduing local inflammations or congestion, is very intelligible, as when renal congestion of scarlatinal origin is relieved by purging; but this is no more than effecting a determination of fluids elsewhere.

If in a malarious fever there comes a complication of dysentery, we do not give diuretics to carry off the poison by the urine, or put our trust in forcing copious sweats, but we treat the dysentery as a local inflammation, arrest its flux as soon as we can, and deal with the fever poison by fortifying the nervous system with quinine, and so enabling it to withstand the morbid influence. Who would dream, in a bad case of erysipelas, of trying to get rid of the poison? Our instinct and our experience tell us that our task is to maintain the system in its struggle against it. The same is true in the case of snake bite, and, indeed, of most poisons once received into the blood. Should we think of elimination in the case of poisoning by opium or strychnine? In fact, the attempt is simply impossible in any such instance; the virus is diffused everywhere throughout the blood and fluids of the system, and we might probably evacuate all before the end was attained. The rational treatment of fevers therefore resolves itself into this; (1) to quiet inflammatory movement if it run high, locally or generally; (2) to sustain the several vital actions when in danger of failing in asthenia. In tropical fevers large bloodlettings may be most essential with antimonials and refrigerants. Even in some forms of fever among ourselves the administration of tartar emetic and opium, as practised by Dr. Graves, is of the greatest benefit. Usually, however, at the present day, all our exertions are called forth to counteract asthenia; and if any part become seriously engorged, a cautious local bleeding is to be associated with stimulus. An eminent physician once described his practice to me in pneumonic complication occurring in fever thus: "For every ounce of blood I take by cupping from the chest, I give an ounce of wine."

In the above cases there is the same diversity as noted by Dr. Parkes in instances of pyrexia; viz., increased elimination in some, diminished in others. I have examined the histories of the latter, but do not find that any sudden special excretion took place during convalescence, as he considers is likely to occur from the semitransformed and retained matters being at last hurriedly evacuated.

The large flow of urine which took place in almost all the cases during convalescence deserves to be noted.

In Case I it amounted to 66 ounces on the thirtieth day, and in Case V to 82 ounces on the thirty-fourth day after improvement had commenced. This appears ascribable to remaining debility. A case of chronic phthisis under my care passed 50 to 67 ounces of urine daily, of specific gravity 1010. Few things are more apparent than the long continuance of the prostrating effect of fever. The system too often has received a *coup* from which it never fully recovers.

Periscope.

EPIDEMIOLOGY, HYGIENICS, AND STATISTICS.

ON THE SPOTS OBSERVED IN THE PROGRESS OF FEVER, AS A MEANS OF DIAGNOSIS.

Dr. Henry Kennedy of Dublin has published a paper on the diagnostic value of the spots observed in the progress of fever, in the *Dublin Hospital Gazette* for April 15th, 1857. He is of opinion that, with regard to these spots, views prevail which are not supported by facts. As example, he refers to the prevalent idea that the presence or absence of spots at once marks the kind of fever present. But he has often observed cases of fever to come from the same room—often from the same bed—and yet some of them only to present spots. Or a husband and wife are attacked with fever, and the one is spotted, the other not. Some time since, three brothers, adults, were admitted into Cork Street Hospital, under the care of Dr. George Kennedy. They lived together, and were admitted within two days of each other; they had all heavy fever, but one only was spotted. Will it be maintained that those men suffered from different kinds of fever, merely because one was spotted and the others not? Some time back, he saw, with Dr. Denham, five members of the same family labouring under scarlatina; not one of these had the same form of disease. Few would maintain that the disease was due to a different poison in each instance. Yet, when precisely a similar occurrence takes place in our ordinary fevers, it is considered by many to be caused by a variety in the poison; and the presence of spots, above all, makes many look on the disease as something very specific. Dr. Kennedy believes that all such differences as those alluded to are due, either to the intensity of the poison, or the state of the constitution at the time being; or any cause rather than a difference of the poison.

A second point to be noticed is, as to whether there is anything of a specific character in the fever of this country. In 1847-48, the expression "Irish fever" was to be found through all the English papers. Dr. Kennedy asserts that there is no fever peculiar to Ireland, as distinguished from what is seen in England and Scotland; and also that, before the epidemic fever in Ireland in 1847-48, the disease had increased much in England. There is a great law affecting all the more wide spread epidemics, and showing that their course across the globe is from east to west, or from south-east to north-west.

At a certain period of some cases of fever, spots make their appearance. This is usually from the sixth to the ninth day of the disease; but on this point there are great differences. They will be occasionally seen as early as the third day, reckoning from the period of the rigor. There are difficulties, however, in determining this; for it by no means follows that the patient is not ill before the rigor. Still, some of the cases seen by Dr. Kennedy were inquired into as minutely as was possible, and the spots did appear then on the third day. On the other hand, they are often much later than what is usual in making their appearance. Thus he has seen them as late as the twentieth day; and very critical cases all such in general were. In cases where the fever is made up of two parts, with an interval between, they may be absent in the first and present in the second, and *vice versâ*; though the last is not as common as the first. Dr. Kennedy has notes of more than one case where the individual passed through three distinct fevers before leaving the hospital; yet it was only in one of the series

that spots appeared. It is the last of the series which exhibits the spots in these instances. In one case of this kind, it was the fourth attack, and the spots then were of the character of measly eruption.

There is still one other point worthy of notice in connexion with cases where we would have every reason to suppose that they would appear at the same time. As an example, not long since, two sisters, both grown women, and remarkable for their great stature, were admitted into Cork Street Hospital, labouring under heavy fever. They each exhibited spots; yet one of them was spotted four clear days before the other. The fact is of interest, as showing how the constitution will modify the eruption; for there was no other explanation which, in this particular instance, would account for it. These two sisters had sickened at the same time. Precisely an analogous circumstance has come under Dr. Kennedy's notice in scarlatina; that is, the period at which the rash appears will vary by three or four days, though children of the same family have sickened together.

The spots of fever may exhibit themselves, as is well known, over the whole body; but in general they are more limited than this. Dr. Kennedy believes they will be as early seen about the pectoral muscles as anywhere else. There are some modifications of them, however, having relation to their site, which appear worthy of notice. Thus it is by no means uncommon to see them exclusively confined to the upper part of the body. Not one will be seen on the lower limbs. He has seen them, too, nearly exclusively confined to the abdomen, but not absolutely. Again, Dr. Kennedy has seen them confined, in the most marked manner, to the joints. Not long since a young man of 18 was admitted into Cork Street Hospital, under Dr. George Kennedy. He was very seriously ill, his fever being marked by prolonged vomiting. His pulse was rapid and very weak. In the course of this illness, his elbows and knees exhibited spots, each in number probably of from forty to fifty. Not a single spot could be detected anywhere else. Their character partook of a mixture of purpura and petechiæ, and they appeared to be slightly raised. The case recovered. He has seen many cases where the spots were first visible on the backs of the wrists; and usually they have here been of a bright red colour. He has seen also instances where they were located in patches, as it were, and these symmetrical, on each pectoral muscle. In one instance, well marked spots, of a bright hue, came out over the whole throat and neck, and the inside of either elbow; nor could any be detected elsewhere.

Lastly, he has seen spots on the forehead. He mentions this particularly, because some observers have asserted that they are never seen here. He has notes of some eight cases, which may now be increased to eleven, where there could be no question of the fact. Louis gives one instance where spots were visible on the face. The way, then, to speak of the fact is, as being very rare, in comparison with the number of cases which exhibit spots elsewhere; but to say it does not occur at all, is going farther than facts will justify. Dr. Kennedy thinks he has seen spots on the conjunctiva, or at least what might be described as a mottled state of this membrane; and instances are not uncommon where a rupture of a blood-vessel, or an exudation of blood, has caused a distinct ecchymosis in fever. Is it straining the fact too far to suppose that such a spot is but an ordinary petechia in an unusual place? He has never seen the occurrence in fever, except in conjunction with spots elsewhere.

The character of the spots in fever has long attracted notice, and some of them unquestionably deserve a special attention; but it appears to Dr. Kennedy that too much stress has been laid on this point. Thus the bright, well defined, lenticular spots are, he believes, constantly spoken of as being different from what are called genuine petechiæ. He thinks this is an erroneous way of considering the matter; for the simple reason, that they may be very often seen existing together, at the same time, and on the one patient. In this way, we may find the bright well defined spots on the arms, and the petechiæ on the body. Or, again, we may see one member of a family presenting the bright spots, and another the petechiæ; yet both have come from the same room. Some of the older authors on fever have described two crops as occurring in the one patient. This he has seen in the most marked form, not only in fever, but also in scarlatina. And, in truth, the analogies which the exanthemata hold, one with the other, do not appear to him to have received that consideration which they deserve. Who has not seen cases of scarlatina presenting on the surface different hues of eruption at the same time? Purpuric spots, great patches of redness of different hues, universal redness of the entire surface, and, above all, spots, not possible to distinguish from what are called genuine petechiæ, may be mixed up together in the one patient; to say nothing of the varieties which the disease so often presents when going through an entire family. Now, under such circumstances, no one ever dreams of saying there are different poisons, according to the varied hues of the rash; yet, when exactly analogous facts occur in common fever, some inexplicable necessity seems to arise for drawing distinctions where there are in reality none, and refining to a degree which, it appears, facts do not justify. That much valuable information—more especially as regards prognosis—may be derived from close observation of the eruption which common fever exhibits, is readily admitted; such as the brighter or darker hue which it presents, the greater or lesser size of the spots, their early or their late appearance, etc. But these points are quite beside the question whether the varieties which we see in the rash of common fever be due to separate and specific poisons, or only to one; and whether it be not more consistent with facts to attribute them rather to the temperament of the patient, the state of his general health at the time being, his age, etc., rather than to this or that poison.

This leads to a question in direct connexion with this part of the subject, about which more has been written than on any other; that is, the distinction which exists, or is said to exist, in the rash of typhus, as distinguished from the fever attended by local lesion in the small intestine, and known as typhoid fever. On this point, Dr. Kennedy believes authors have been too precise, and have not made allowance for the possibility of deviations, which here, as indeed in every other point connected with fever, are liable to arise. Thus, from the perusal of the most recent works on the subject, one would suppose that typhoid fever could not exist without the presence of bright lenticular spots, few in number, and disappearing long before the fever ends. He does not deny that this state generally obtains; but he says that it is by no means constant. He has observed cases from the very beginning to the death of the patient, and to a *post mortem* examination, disclosing ulceration of the small intestine; and yet from first to last no spots whatever were visible. And the opposite of this, again, is still more common. He has notes of a number of cases where the spots had all the characteristics, as to time, number, size, and disappearance, and yet the cases had no other symptom whatever of enteric fever, and in reality were not the disease at all. He has also witnessed cases where all the symptoms were those of enteric fever, except that the spots were dark on the chest; and in the inguinal regions, assumed the character of purpura; also a case where the spots were genuine petechiæ, and where ulceration of the bowels was found. With such facts in view, great caution should be used in pronouncing any spots as diagnostic of this or that kind of fever; or at least in giving them more weight than any other single symptom of the disease is entitled to.

It has been already stated that much valuable aid, in a prognostic point of view, may be derived from the spots which appear in fever; and it is generally admitted, that the darker and larger they are the more serious is the case. The worst cases Dr. Kennedy has ever seen have been attended with few spots of a large size, and confined very generally to the region of the clavicles and groins, sometimes running down the inner side of the thighs. These large and dark petechiæ, or by whatever name they are called, are not confined to typhus, but may be seen in puerperal fever, and in some cases of malignant scarlatina. He has also observed cases—rare ones—where the subcutaneous veins of both the upper and lower extremities have allowed a bloody serum to exude, which is quite visible through the skin. With this state he has found in the pleura, and also the pericardium, and on the surface of the brain, serum poured out which was likewise tinged deeply with blood. In one instance he found a large effusion of blood under the pleura covering the left lung.

Of the supervention of fever in persons afflicted at the time with chonic diseases, all have probably seen examples. He has met several examples of persons who were hemiplegic, and in this state were attacked with petechial fever; and again, others who laboured under chronic bronchitis and asthma. Cases of phthisis, too, have come under his notice in a similar way; but the fever in these instances has been rarely attended with spots. This latter, however, he has witnessed, the rash being most copious. Cases of chronic affections of the eyes, ulcers of the legs, and chronic diseases of the skin, are of very common occurrence in union with spotted fever. Lastly, he

has witnessed fever, and in its very worst forms, with both primary and secondary syphilis. It is worthy of notice how little any of these affections are altered by the fever. They are certainly not made worse; though such might be expected, at least of some of them. He has, however, seen cases of disease of the skin, where it was got rid of, after the fever. But usually they go on as they did before. It is only a state of derangement of the general health, and not any specific affection, which is likely to be bettered by spotted fever.

Dr. Kennedy concludes his paper by the following propositions.

1. There is no form of fever peculiar to Ireland.
2. In 1847-48, the epidemic which then prevailed in Ireland had existed in England for months previously.
3. This epidemic, like all other great ones, travelled from east to west.
4. The idea of different poisons, as a cause of the several varieties of rash, does not appear to be borne out by facts.
5. The analogies derived from the study of the exanthemata are opposed to the idea of there being more than one poison.
6. Red and dark petechiæ may co-exist in the same patient, at the same time.
7. Either may precede the other. That some members of a family may exhibit spots—others not; all being ill at the same time.
8. Petechiæ may be almost exclusively confined to the abdomen, or to the upper half of the body; or exhibited in groups on the pectoral muscles, the front of the larynx, or strictly confined to the knees or elbows.
9. They may be seen occasionally, but unequivocally, displayed on the face, and possibly on the conjunctivæ.
10. Bright lenticular spots, and few in number, are of frequent occurrence, without any other symptoms of enteric fever.
11. Fever without intestinal lesion may exist without any spots whatever.
12. The same lesion may exist with dark petechiæ.
13. Petechial fever may run its course in patients affected with such diseases as hemiplegia, phthisis, syphilis, etc.
14. Large, dark petechiæ are not confined to typhus, but may be seen in puerperal fever, and cases of malignant scarlatina.
15. In some very bad forms of fever, the veins allow the blood to exude in a very striking way; and together with this, serum, deeply tinged with blood, may be found poured out in the serous cavities.

British Medical Journal.

SATURDAY, AUGUST 22ND, 1857.

OUR PUBLIC LUNATIC ASYLUMS AND THE NON-RESTRAINT SYSTEM.

By referring to our Letter-box, our readers will perceive that Dr. Hitchman has written us a very angry letter. As that letter, however, appears to have been written under an entire misconception as to the meaning of certain words used by us last week, in relation to the Colney Hatch Asylum, we shall by no means reply to it in the same spirit. Dr. Hitchman evidently imagined that our object in writing that article was to depreciate "Mr. Gardiner Hill's non-restraint system". We can assure our correspondent that we had no such intention. On the contrary, we think the public gratitude is due to all the fellow-labourers in the noble cause of ameliorating the condition of the insane,—from the great Pinel, who initiated the present humane system when he struck off the chains of the English captive, to Gardiner Hill, Charlesworth, and Conolly, who applied his idea to large masses of patients in the public asylums. These gentlemen will all have their separate niches in the temple dedicated to mercy, and God forbid that one word should escape from us calculated to depreciate their noble efforts. The words made use of by us which appear to have given offence to Dr. Hitchman are these: "Colney Hatch is a house of detention of the most dismal kind, and Mr. Gardiner Hill need not talk any more about the authorship of the non-restraint system, as long as this large bastile is appropriated to the incarceration of such a little army of helpless beings." We have said what we believe to be the truth in this sentence, and therefore see no reason to shrink from reiterating it, notwithstanding Dr. Hitchman's lively indignation. That Colney Hatch is a dismal house of detention, we believe few unprejudiced persons will deny; that the non-restraint system, in as far as the disuse of all instruments to coerce and bind the patient, is there carried out, is also undeniable. Nevertheless, there is in that house, and in every public asylum as at present conducted, a vast amount of restraint exercised of a very injurious nature to the patient. The word non-restraint itself is a misnomer; there is no such thing in the treatment of the insane. Dr. Hitchman must admit that the term must be used relatively. The strait waistcoat is doubtless the most immediate form of restraint; but we earnestly protest against the assumption that in having abolished this instrument, we have a right to say that restraint is not. Beyond the strait waistcoat, we have the muscles of the attendants, the padded room, the locked gallery, the dismal airing court, the high surrounding wall—all means of personal restraint, fitting zone within zone as carefully as the balls are constructed within each other by the ingenious Chinaman. "Non-restraint" is then an improper term, unhappily chosen by Mr. Gardiner Hill, inasmuch as that system stops short at the mere abolition of confinement for the limbs. It is undoubtedly an enormous advance in the treatment of the insane to free their limbs, and all honour be to those who have succeeded in its accomplishment; but this is not the end of the task imposed upon us; it is, we verily believe, only the halfway house on the road, and the triumph of the non-restraint principle will not arrive until the *free air* system of Gheel is established as far as is practicable in this country.

Dr. Hitchman thinks any comparisons between our English public asylums and the pauper lunatic colony of Gheel illogical, inasmuch as the conditions of the two are not the same. "Suicidal, dangerous, and homicidal patients, are not admitted," says Dr. Webster; "therefore Gheel can be no model for us in England." Now, we never imagined that it would be possible to turn every public asylum into a miniature Gheel, or that we could mass all our pauper lunatics into one enormous colony such as that; but we do imagine and believe that we shall be constrained sooner or later "to follow the light held out to us by the Belgian colony". It is agreed upon by every person skilled in the treatment of lunatics, that the present workhouse system of treatment has culminated at Colney Hatch. We have no doubt whatever that no medical men could be more impressed with this fact than the medical gentlemen there resident. It must be clear to all that the present medical staff, consisting of two gentlemen, must be entirely inadequate to the careful medical and moral supervision of 1,200 lunatics. Irrespective of this great shortcoming, there is this one great fault at Colney Hatch, which applies more or less to all the asylums throughout the country—the establishment overrides the patient. In the inexorable daily routine of the house, the individual is lost; the man becomes a cog in the

ever-turning wheel; and all the little healthy spring and play of mind, which it is so necessary to foster in the lunatic, is hopelessly crushed out of him. The triumph of machinery is indeed great in such establishments. After having witnessed the steam-cooking, the steam-washings, and the scores of other plans calculated to lessen human labour, which are indeed indispensable in such vast establishments, we are inclined to ask, What is the result to the patient?—Vacuity!

It is impossible to go through the wards of any large asylum without feeling that scores of inmates who are seen lounging about and dropping into hopeless dementia for want of employment *which immediately interests themselves*, could be rendered useful and contented under the free air system. Dr. Bucknill has happily remarked, that it would be far better for the lunatics to cook and wash for themselves than that these offices should be performed for them; and the same enlightened physician has announced an approach to the Gheel cottage system by causing detached houses, of an inexpensive character, to be erected in the immediate neighbourhood of the Devon County Asylum. "These cottages", he states, in one of his late reports, "are much preferred to the wards by the patients themselves, and permission to reside in them is much coveted." Thus the first movement towards the free air system has been a success, and we trust speedily to see it followed in all cases where more room is required in extending asylums. The great stumblingblock in the way of any approach to the Gheel system in this country, however, is the want of cottagers trained like the Gheelois to undertake the care of the insane, under the rigid superintendence of a sufficient medical authority. The mere planting of lunatics in detached houses is not enough; what is wanted is to intersperse them among the sane population as at Gheel, where the lunatics stand to the sane, in the ratio of one to ten. The immense advantage of thus supporting the unstable mind, is, in our opinion, one of the great points of the free air system, and one that cannot be acquired until we have trained a peasant population. This difficulty will, however, begin to disappear as soon as the system of building or occupying satellite cottages near overgrown asylums shall have come into fashion, as we feel confident it will. At the present moment, however, the brick and mortar mania is so rampant, and the management of the pauper insane is so hopelessly in the hands of the visiting magistrates, whose only idea of pauper lunatics is that they must be kept under strict discipline, within walls and enclosures similar to those of the workhouse and the jail, whose affairs they have been so long accustomed to administer, that all we hope to do is to scatter the good seed of improvement, and to entreat those medical superintendents of public asylums, who see the errors of the present system, to do all in their power to establish satellite cottages, in order to initiate as much of the free air system as is consistent with existing institutions. As soon as we have made a more extended trial in this direction, we feel convinced that a judicious distribution will take the place of the present unwholesome and unscientific concentration of pauper lunatics, and that we shall have made another great stride in the direction of non-restraint.

As we intend to return to this subject, we shall be glad to elicit the opinions of associates engaged in the superintendence of public lunatic asylums.

THE WEEK.

A TRIAL, in which compensation for damages received on the East Lancashire Railway was demanded, has just taken place at Manchester, in which, we fear, one of our associates was found guilty of a little sharp practice. It appears that one Lawrence Hargreaves, an overlooker at a cotton mill, received an injury whilst in the railway train at Heywood Bridge. This person's wife, having heard of her husband's misfortune, immediately went to the spot, and found that his thigh was broken, and that he was insensible. Whilst the patient was in this condition, Dr. Harrison, the surgeon to this among six railways, appeared—the rest of the story we shall give in the evidence of the various witnesses, beginning with that of Nancy Hargreaves.

"Saw Dr. Harrison come into the room and look at her husband's thigh, and told witness that he would see that her husband was made all right. The doctor took witness into a little room and shut the door, and said, 'They are going to give you £40 and pay the doctor.' She said she should prefer a weekly allowance, but he said that would be too much trouble. Dr. Harrison, after the witness declined his offer, took a piece of paper, or a book, and placed a pen between her husband's fingers, and then lifted his hand to make a mark on the paper, and when he had 'stroked it,' Dr. Harrison and Mr. Smithells left the room for a short time, and then returned with a paper, which Mr. Smithells told the witness to take to Bury, and she would get £40. She took it accordingly, and received the money.—Cross-examined: Her husband was not sensible any part of the day, excepting when he asked her where he was. She thought it a wrong thing for a doctor and another gentleman putting his hand to paper when he was insensible.—John Hargreaves, brother to the plaintiff, went to see him the night of the accident, and found him 'almost ready to die'; and he did nothing all the night but 'mean himself' (groan from his pain). Witness corroborated the statement of the previous witness as to the offer of £40 for compensation. Witness saw Dr. Harrison and Mr. Smithells hold the book and pen to his brother's hand, but he did not see any motion in the hand."

Even supposing that these two witnesses did not speak the truth respecting the insensibility of the husband, it cannot be denied that it was exceedingly indecent on the part of Dr. Harrison to attempt to drive a bargain with a man suffering from a severe accident. How was it possible for the poor fellow to have been able to estimate the damage he had received within an hour of the infliction of the injury? This red hot haste may be considered a sharp thing on 'Change; but it is anything but merciful on the part of an educated man; or anything but just on the part of a surgeon who must have been aware that a fracture of the upper part of the thigh was not unlikely to leave the sufferer a cripple for life. Such, in fact, has proved to be the case; and poor Hargreaves now limps about on an imperfect limb, and will do so for the remainder of his life. Yet the tariff for this severe injury, according to the clever manipulation of Dr. Harrison, was to be only £40! We are glad to find that the jury were more just than the medical man, in that they estimated his injury at £210, in addition to the £40 already received, together with 40*s*. costs. The most cunning part of this affair, however, is yet to be told. Dr. Harrison, whilst under cross-examination, admitted that he sometimes carried lithographed forms of receipts with him when he visited persons injured on the railroad! This gentleman evidently

does business upon system, and in accordance with the motto, "Strike while the iron is hot."

Since our last, we have received the news that the attempt to lay the Atlantic Electric Cable has proved a total failure. The engineer to the Company, who superintended the "paying out" himself, lays the blame upon a subordinate. After stating that all went well until the 11th, when at 3·45 the cable parted:

"I was," he says, "proceeding to the forepart of the ship when I heard the machine stop; I immediately called out to ease the break and reverse the engine of the ship, but when I reached the spot the cable was broken.

"On examining the machine, which was otherwise in perfect order, I found that the breaks had not been released, and to this or to the handwheel of the break being turned the wrong way may be attributed the stoppage, and the consequent fracture of the cable. When the rate of the wheels grew slower as the ship dropped her stern in the swell, the break should have been eased; this had been done regularly before whenever an unusually sudden descent of the ship temporarily withdrew the pressure from the cable in the sea; but, owing to our entering the deep water the previous morning, and having all hands ready for any emergency that might occur there, the chief part of my staff had been compelled to give in at night through sheer exhaustion, and hence, being shorthanded, I was obliged for the time to leave the machine without, as it proves, sufficient intelligence to control it."

It seems very strange that the cable should have been at any time left in the charge of unskilled labour. We hope, however, that the company will have a lesson by this mischief not to employ such expensive labour for the future as ignorant labour. We are glad to hear, however, that the disaster has happened through a pure accident, and not through any defect in the wire itself, or in the paying-out machinery. The directors have issued the following interesting statement respecting the undertaking, which is doubtless partly prompted by the fact that the shares of the company are at £250 discount:

"Sufficient information has already been obtained to show clearly that the present check to the progress of the work, however mortifying, has been purely the result of an accident, and is in no way due to any obstacle in the form of the cable, nor of any natural difficulty, nor of any experience that will in the future affect in the slightest degree the entire success of the enterprise. The only sudden declivity of any serious magnitude, from 410 fathoms to 1,700 fathoms, had been safely overcome, the beautiful flexibility of the cable having rendered it capable of adapting itself, without strain, to circumstances which would probably have been its ruin had it been more rigidly constructed. The combined influences of the low temperature of the water and the compression of the pores of the insulating medium had practically shown that the action of a telegraphic cable, so far from being impaired, is materially improved by being sunk in deep water. The only difficulty worthy of consideration which remained was to demonstrate the practicability of making the splice in mid-ocean. This was put to experimental test by the engineer in a heavy sea, subsequent to the accident, and before the return home of the ships. The two ends on board the Niagara and Agamemnon were joined together, and the splice let down to the bottom into soundings of 2,000 fathoms, and during a heavy sea. The experiment was perfectly successful, and these and all other circumstances which have been wrought out by the recent expedition have made more and more cheering and certain the prospect of complete success on the next occasion."

The Registrar-General of Births, Deaths, and Marriages, in his return for this week, alludes to the significant fact that diarrhœa has for the last twelve years been on the increase in the metropolis; "for, on referring to the returns for the second or third week of August in 1840-45, it will be seen that the number of cases in which it was fatal was as low as 20 or 11, and did not exceed 70. Besides the deaths from diarrhœa (244), there were 21 last week from 'cholera' and choleraic diarrhœa, 12 of which occurred in young children." This is indeed a noteworthy increase, and the more alarming as it appears to be so steadily going on. It may, we think, be readily accounted for by looking at and smelling the Thames. This stream has been for several summers past disgusting both in colour and odour; and we suppose, that the more we build, and the more perfect is the drainage into the Thames, the worse it will get, until the great intercepting drains are completed. We earnestly hope that great work will be accomplished before cholera springs upon us suddenly, as a tiger springs upon his victim from the jungle.

Association Intelligence.

LETTERS AND COMMUNICATIONS.

Letters or communications for the Journal should be addressed to Dr. Wynter, Coleherne Court, Old Brompton, S.W.

Letters regarding the business department of the Journal, and corrected proofs, should be sent to 37, Great Queen Street, Lincoln's Inn Fields, W.C.

ADMISSION OF MEMBERS, AND PAYMENT OF SUBSCRIPTIONS.

The General Secretary of the British Medical Association begs to call the attention of members to the Laws regarding the Admission of Members, and the Payment of their Subscriptions.

"*Admission of Members.* Any qualified medical practitioner, not disqualified by any bye-law, who shall be recommended as eligible by any *three* members, shall be admitted a member at any time by the Committee of Council, or by the Council of any Branch."

"*Subscriptions.* The subscription to the Association shall be One Guinea annually; and each member, on paying his subscription, shall be entitled to receive the publications of the Association for the current year. The subscription shall date from the 1st January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous."

Either of the following modes of payment may be adopted:—

1. Payment by Post-Office Order to the Treasurer (Sir C. Hastings, M.D., Worcester), or to the undersigned.

2. Payment to the Secretary of the Branch to which the member belongs.

3. Members residing in the Metropolis and vicinity can make their payments through the publisher of the British Medical Journal, Mr. Thomas John Honeyman, 37, Great Queen Street, Lincoln's Inn Fields, W. C.

Philip H. Williams, *General Secretary.*

Worcester, July 1857.

Reports of Societies.

ANNUAL REPORT OF THE READING PATHOLOGICAL SOCIETY.

By John McIntyre, M.D.

[*Read before the Reading Branch, July 8th*, 1857.]

[*Concluded from page 699.*]

BENEFITS OF MEDICAL SOCIETIES: MEDICAL REFORM: THE BRITISH MEDICAL JOURNAL: POOR-LAW SURGEONS.

Such, Gentlemen, is the narrative of your year's proceedings. And a goodly one it is; it evidences no declension either in your ability or in your willingness to work. On perusing the reports that have been preserved to us at so much labour by our secretaries, I have more and more been struck with the advantages that accrue from the existence of such societies as this. We have only to cast our eyes over the few opportunities we individually possess of witnessing, in our own practices, specimens of diseased structure, and to contrast these with those we now enjoy as an assembled body; we have only to reflect how few the varieties as well as the numbers are that we necessarily meet with, and to rejoice that it is now ours to examine collectively so many; we have only to reflect that it is with structures such as those that are brought before us, and with the changes leading up to them, and it may be beyond them, that we are daily called upon to combat; that *in* them we behold many of the varied causes of all the turmoil and all the tumult that, under the names of signs and symptoms, have been anxiously engaging our attention; and that *with* them has been presented to us a faithful record of those witnesses of ills; we have only to reflect on the toilsome strugglings, after clearer views and brighter thoughts, which the darkness of our individual ignorance has necessitated, and to remember how easily, how pleasantly, the enveloping clouds have been dispelled, and how readily the light has broken in upon us—the light that has emanated from the countenances of our fellows;—we have only to reflect on these things, and shall we restrain the outgoings of approval of such associations? The increasing numbers of our body, and the continued zeal of its members, proclaim that we shall not,—that we are conscious of our privileges: and well assured may we be that, if the results of our present exertions in combating the ills of a suffering humanity were contrasted with those that were arrived at prior to our membership, well assured, I say, may we be, that the balance would be found largely on the side of combination,—that in virtue of its influence we had become, not only more intelligent, but more successful practitioners.

The influence of such societies, however, is not confined to the advancement of the science of the profession; they exert a moral and a social power upon us not to be overlooked. My own conviction is that, in this way, they become the most effectual promoters of our weal. They become the fields, so to speak, upon which the finer feelings of our nature can disport themselves; where "the charity that thinketh no evil, that suffereth long and is kind," can be nourished and sustained; where forbearance can be fostered and sympathy bred, and where "envy, and hatred, and malice, and all uncharitableness" must die. The equity of principle and the kindliness of feeling,—which, in social life, are our highest adornments, and conduce so largely to individual advancement and success,—are no less efficient means of securing the advancement—of elevating the status—of a profession. With its individual members it must necessarily rise, for it has no existence apart from them; and as these are undoubtedly means whereby its members are elevated in the community, so must the cultivation and exercise of them conduce to the elevation of the body corporate. True it is, that the world in its wisdom will ever seek to the skilful practitioner; but it ever will be found that it seeks to him more if, morally, he be the man it can trust. It is not science alone, therefore—it is not virtue alone—that is required to elevate the profession, but it is science and virtue together; and where, let me ask, can they be better cultivated than in such societies as this? Let us resolve, therefore, to avail ourselves more of our opportunities; and ever to be assured, if we would have the world learn aright as to the dignity and worth of the profession, by the benign influence it exerts on the community,—if we would desire to show that to heal the sick was a heaven born injunction,—the readiest mode of reaching the demonstration will be, by displaying the heaven-born virtues amongst ourselves. And doing so, well may I ask, What has the profession to fear? Great in the power of its might, it walks along with giant strides, and, though hoary with age, displays nothing but the freshness, and the beauty, and the vigour of youth. At no former period of its history has its energy more actively displayed itself than in the now witnessed struggles on the fields of science. Mind with mind is warring for the mastery. The methods and the means of investigation are being extended and improved. The test-tube and the microscope are unfolding their wonders. A closer scrutiny of hitherto received facts and opinions is being instituted. The elements of disease are being searched for, as well as their results, and assuredly no "digging" in the colony promises a richer reward. With all this in action, again would I ask, What has the profession to fear? It requires not the ricketty crutches of a lame empiricism, or the dreamings of a drivelling philosophy, to support or to advance *its* cause. The darkness of ignorance that enshrouds its adversaries and hides *them* from the light of truth, is to it unknown. Lighted on in its path by the flame, and cherished by the heat of the lamp of true science, year after year, as it passes away, witnesses discoveries indelibly written upon its records,—discoveries that will cure the ills, or at least alleviate the sufferings of humanity, to the end of time.

But, let it not be supposed with all this, that we are about to eradicate the ills of our race. Flushed with the ardour of a heated imagination, the young practitioner is apt to think that he has a balm for every wound, and a salve for every sore; that disease at *his* approach, forsooth! must assume the features of an affrighted countenance, and, helter-skelter, hie itself away to a land beyond his ken. It requires, however, but a short-lived experience to dissipate the dream. The seeds of disease and of decay and dissolution were in our bosoms at our birth, alas! too thickly strewn for such hopes to be fulfilled. He must be contented to follow in the footprints of the curse, and to stay the restlessness of his ambition on the restraining of its ravages, and the postponement of the consummation of its power. For the majority of our ills, the means of cure, by a generous divinity, have been placed within our reach; but our temples, like human greatness, are doomed to totter to their fall. With the assaults of so many agencies without, and the proclivity to disintegration that is within, it is not to be wondered at that they crumble and decay,—that they reach a position beyond the efforts of repair; but, to drop the metaphor, when death with outstretched arms has claimed them as its own, and they are about to bid adieu to the scenes in which they have moved; surely it is a gift to be envied, and a power to be prized, that we can mitigate their sufferings, and introduce them with gentleness to the genius of the tomb.

These achievements of the profession, however, may reach their culminating point; the stars and the garters of a home-bred distinction may be given to its members as their rewards; but, unless the golden threads of those principles and feelings to which I have alluded have found a place in the professional fabric; unless they be intimately interwoven into its every part; unless individually we cherish their existence and rightly estimate their worth,—never, never shall our much loved art be robed in its richest drapery—in that which lends it grace, and dignity, and worth.

But, with such science and morality, are our interests as a profession secure? Do we stand in need of no extrinsic aid for their advancement and protection? A sturdy champion exclaims, "What of a Reform Bill—of that for which 'long days and nights we've strove as only lovers strive'—to which we have looked as the 'passport to the haven of our hopes'—a haven where the knell of our grievances shall be tolled, and the merry peals of liberty be rung?" Would, gentlemen, that I could see in a Reform Bill all that some others have descried! It is the teaching of history that the most thorough reformations have been those that were effected from within; where the legislative enactment has succeeded the intestine change; and if our long expected Bill, which at this moment probably is engaging the attention of the legislature, prove much that is of service to us, it will be greatly in virtue of a prevenient change amongst ourselves.

That it will benefit us in *some* measure through its own merits, few, I think, will doubt; but that it comes far short of our requirements, of much that has been striven for, will be equally readily acknowledged. It will give us somewhat of a political position, and a homœopathic *quantum* of political in-

fluence and power; it will give the profession a voice in the conduct of its own affairs, as stentorian at least as that uttered by institutions, some of them, as corrupt as they are old; and it necessitates a greatly enlarged preliminary education. Let us, therefore, accept it with thankfulness, as an instalment of our deserts. Let us remember it is much easier to amend than to get a Bill where conflicting interests are involved. Let us strive to get it, and to find out more clearly, in its workings, its deficiencies and our own wants. It will be time then to agitate for a Medical Amendment Act; to rouse the attention and the talents of all classes and of all crafts in our behalf; aye, from the declaimer in St. Stephen's down even to the village politician; to show them that *our* weal is the public good; that our profession is ahead of its legislation; and thus, by the powerful influence of a converging pressure from without, compel the executive to yield up to us our rights.

It has been objected to the Bill as proposed, that it has no penal clause for the quacks. No; and I doubt if any Government would dare to introduce one; if any House of Commons, any House of Lords, would pass one. It would be looked upon (and it appears to me, with truth) as an infringement of the subject's liberty—of that bright gem in our nation's diadem. All we can expect them to do is, to exclude quackery from the favour of the Government; to shut up to it the avenues to state influence and support; and with this let us be satisfied. Let us remember we have not so much to fear the quackery that is without, as that which is within,—that host of marauders who, not contented with infesting our borders, dwell securely in our territory, and eat the bread of our people. These are the miscreants *we* have to fear; to whom to enter the profession is to obtain a cloak for their iniquity, and a field for its exercise; to inundate their patients with their draughts and their mixtures, their pills, their powders, and their plasters; to cure all manner of deafnesses; to cut out all tonsils; to abuse all speculums. But for these and such as these, and the foibles of the fools and the frail ones of our race, the hydro- and the homœo-, and all the *othero-* and *bothero*-pathies, would never have been born; *they* are indeed the progeny of our own conception; and, until the jubilee day arrives when honour and integrity shall reign triumphantly amongst us, the elements of their existence shall never be destroyed. Let us hail, then, with heartiness the advent of that period! Meantime, let us ever bear in mind that our strongest bulwarks against them will be those that are thrown up from within—thrown up by the hands of the members of the profession themselves, constructed of the blocks of science and the mortar of integrity and truth.

But can we look to any other agencies for the promotion of our weal? Yes, gentlemen, we have the influences of association, and the influences of the press. I feel, however, that it would be unwise to enter at length on their consideration; your discussions this evening will doubtless encompass them. Suffice it to say that, in the British Medical Association, we have now a powerful machinery for good. Its enlarged and more liberal constitution; its representative character; its scientific objects; its disentanglement from much of the *cliqueism* that undoubtedly pervaded it; and the healthful influences it exerts in sinking the personal in the general good, enlist it in the number of our best and strongest weapons of defence.

I would draw no invidious comparisons between the British Medical Journal and those that are the fruits of a commercial speculation; but I can say with truth, that with it no temptations are held out to the practice of a moral obliquity; it can convey to the associates, in the hills and the valleys of our land, an undiluted current of high professional morality; it can announce to them the latest struggles in the fight of reducing our art into a science; the latest discoveries in the way of remedy for disease; and the latest intelligence as to the social and political aspects of our affairs. These surely are high purposes and powers. Let us estimate them aright, and proffer to our Journal all that support which it so justly deserves.

There is one subject, however, for its faithful advocacy of which the medical press, as a whole, deserves our highest commendation. I allude to the efforts now being made to ameliorate the condition of the Poor-law medical officers. As some of those now present are practically cognisant of the hardships they endure, and the injustice with which they are treated, under the law as now existing, I shall not occupy your time by detailing them. It is enough for me to say they are a disgrace to the nation, and a disgrace to ourselves. The dire necessities, alas! of some in the profession, compel them to accept any appointment, however poorly remunerated. They eagerly grasp at that which will yield them even an existence; and the fact of their being necessitous brings down on them the despisings of an ignorant but better-off community. Others there are who accept or retain such appointments to exclude a rivalry in the field of their labours; who know that, to accomplish their object, whilst enduring a pecuniary loss, they are subject to the contemptible interferences of the magnates of the sphere; those who try to weave for themselves a reputation for kindness and philanthropy by drawing largely on the doctor's energies for the materials of their web: and this, I regret to say, often applies to a class of individuals who *ought to* know better—to the ministers of a religion whose precepts breathe only of justice and of love. Your small farmer, too, and the caterers for the varied little wants of a village community, do their little possible in the way of increasing the annoyance. On a cold winter's night, while ensconced in the comforts of their warm chimney corners, a tale of woe in the form of human suffering breaks upon their ears. An upheaving of their generosity mayhap occurs; and at the acme of its ebullition—know it, ye ignorant ones!—a herald is despatched for him who can cure them. A former experience, however, teaches the wise one that his visit is in vain,—that the danger is vested, not in the disease, but in the apprehension of its witnesses. He does nothing, or perhaps sends something for the quieting of their fears; but if *fervidis rotis* he does not *immediately* transport himself to the scene of the sufferer, he is denounced as hard-hearted and neglectful, whilst, meantime, patience or peppermint have effected the cure! It is to release the practitioner from such contemptible interference, but chiefly to obtain for him a just remuneration for his exertions, that the present movement has been made; it is to release him from the supervision of Boards of Guardians, composed of such people, often, indeed, guardians, not of the poor, or of the rights of their medical officers, but of the pockets of themselves and those who have chosen them,—it is for these purposes that Mr. Griffin and his associates have expended their exertions. Let us thank them heartily, and help them with all our might. Let us look upon the question as one affecting, not a class, but a profession, and wish God speed to the energies exerted in its behalf.

To-day, gentlemen, another year in the life of this society has been born. Let the fathers and the children amongst us rejoice! Let us renew the expression of attachment to its objects,—of devotion to its weal. And month after month, as the year passes by, let us be found on our way to the scene of our hitherto assemblies: let us determine to observe more accurately; to record more fully and more faithfully; to bring all and everything of interest that presents itself in our individual spheres; and who can tell but that out of the rich treasure-house of our varied accumulations—by the touch of the magic wand of some generalising spirit—who can tell but that a theory of disease may spring up—as simple—as universal—as those that wreathed the chaplets of a Galileo or a Newton!

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, July 7th, 1857.

Sir C. Locock, Bart., M.D., President, in the Chair.

ILLUSTRATIONS OF AGUISH DISORDER PREVALENT IN LONDON DURING THE LAST TWO OR THREE YEARS.

BY C. HANDFIELD JONES, M.D.

[*Communicated by* Spencer Smith, Esq.]

The author, while expressing a doubt whether the cases selected presented any very striking points, was of opinion that the series was not without value as illustrating a frequent character of disease; and he hoped that their consideration might shed some light on various morbid phenomena of common occurrence, yet but imperfectly understood, and often misinterpreted, and so might render their treatment more rational and satisfactory. He wished the cases to be regarded as experiments in which the nature of the morbid action was to some extent inferred from the mode in which it was affected by remedial agents. He did not consider the evidence demonstrative; he only claimed for it that the inferences should be regarded as highly probable. Information of this kind, though very imperfect, may, after all, be of far more use than the most exact determinations of the balance and the microscope.

He premised the following statements:—

1. That local heat, congestion, and sometimes inflammation, may be produced by paralysis of the vaso-motor (sympathetic) nerves of a part.

2. That the phenomena of fever can be well accounted for on the view of paralysis of the sympathetic system.

3. That there is good reason to believe that neuralgia and dysentery may be the exponents of malarious influence as much as a true ague or remittent.

4. That there is much cause for believing that the vicinity of canals is unhealthy, and that they generate a poison producing effects like those of malaria.

5. That the evidence respecting the production of malaria is such as makes it impossible to affirm that it may not be generated by any moist surface in the process of drying.

6. That in cases of obscure and refractory character, the reaction of the system towards remedies, and the effect of change of air, may afford most material aid towards forming a correct idea of the cause and nature of the disease.

7. The term malarious disorder, as used by the author, is not intended to assert that the essential cause is always identical with marsh miasma, but to convey the idea of a disorder which, however produced, is exceedingly similar to intermittent and remittent fever in many respects, maintaining the same pathological affinities, operating on the same (nervous) system, and requiring the same treatment.

8. The primary action of fever poison, most notably of a malarious fever, in paralysing and depressing affections, especially the nervous system. The most deadly fevers are the algide, in which reaction never occurs; the phenomena usually called febrile are, if the excitement be not over great, a desirable indication that the system rallies, and resists the morbid influence. Hence, if, when there is no intense malaria, a patient suffers from continual, exceeding, causeless (apparently) depression and debility, occasional chills and flushes, or perspirations, with an interlude of neuralgia at times, or a dysenteric or rheumatic attack, and if benefited materially by quinine, iron, etc., and most of all by change to a healthy locality, the inference that he laboured under some aguish disorder seems legitimate. The system is habituated to the morbid action, and does not react strongly against it.

9. The tendency to relapse is most difficult to eradicate. Any cause of a debilitating kind will almost surely reproduce the morbid action in some form or other.

He then gave the details of the following 21 cases:—

1. Obscure aguish disorder.
2. Rheumatic nasal inflammation.
3. Cerebral attack; epistaxis. Benefit from quinine.
4. Cerebral attack; failure of cerebral power. Benefit from ferro-citrate of quinine.
5. Vomiting, febricitation, head-pain, exposure to ague poison. Cure by quinine and strychnia.
6. Cerebral attack; canal influence.
7. Scrofulous, epileptoid seizures. Cure by ferro-citrate of quinine and nux vomica.
8. Hemiplegia in a neuralgic subject. General tonic treatment; recovery.
9. Hemiplegia, first of right, afterwards of left side; canal influence.
10. Rheumatism of the œsophagus; canal influence.
11. Rheumatism, thoracic neuralgia; depression; canal influence.
12. Cardiac neuralgia paralytica; slight hæmatemesis. Cure by quinine and iron.
13. Rheumatoid intra-thoracic neuralgia.
14. Severe cardiac neuralgia; aguish attacks.
15. Periodic gastralgia. Cure by quinine and iron.
16. Rheumatic abdominal neuralgia.
17. Febrile affection; lingual neuralgia. Cure by quinine and iron.
18. Dysentery and aguish disorder. Cure by quinine and opium.
19. Dysentery. Rheumatism. Crimean origin.
20. Nervous prostration; hæmorrhage from stomach. Benefit from change of air, cinchonine, and strychnine.
21. Fugitive œdema, recurring frequently in various parts. Cure by sustained tonic treatment.

The author then proceeded to cite ten instances in which more decided ague was originated or developed by a residence in London. In conclusion, he drew the following deductions:—

1. There seems much reason to think that an obscure form of aguish disorder prevails in (at least) the western parts of London; the phenomena being great debility, hyperæsthesia, failure of cerebral power, neuralgia of external or internal parts, gastric disorders, rheumatic affections, and ill developed febrile paroxysms. Quasi apoplectic seizures are not uncommon.

2. Quinine, iron, and strychnine, are found of decided benefit, with a generous diet.

3. Change to a pure air is the best remedy.

It must be apparent that, if there be any truth in the foregoing views, those who ignore them entirely must practise at great disadvantage, and meet with continual disappointment. The opinions advanced in the paper are mainly derived from Dr. Macculloch's writings, whose opinions are strongly corroborated by Dr. Copland.

A short discussion followed, in which Dr. Webster, Mr. Squibb, Dr. Stewart, Dr. Smith, Dr. Theophilus Thompson, Mr. Radcliffe, Mr. Spencer Smith, and Dr. O'Connor, took part.

ON A CASE OF HYSTERICAL TETANUS.

BY EDWARD FURLEY, ESQ., F.R.C.S.

[*Communicated by* Dr. Burrows.]

The subject of this communication was one in which symptoms of what appeared to be, in the first instance, aggravated hysteria, were ultimately associated with others more distinctly tetanic. As a child, she had, at two years of age, an attack which was supposed to be encephalitis. At seven she had severe scarlatina, followed by discharge from both ears. She grew up a delicate girl; menstruation appeared at twelve; and at this time nervous symptoms began to show themselves. At the age of sixteen her more serious illness began, after severe mental shock, with pains in the pelvic region of spasmodic character; in consequence of which she would jump out of bed, and run about the room screaming violently. There were various anomalous symptoms observed in succession, in which she seemed to undergo much suffering, and her screams were occasionally such as to alarm the neighbours. During the last few months she had fits, apparently of a cataleptic character, with insensibility, but unaccompanied by delirium or coma. It was at this period more particularly that the tetanic spasms were seen, commencing in the legs, and assuming more or less the characters both of emprosthotanus and opisthotanus. She died exhausted at the age of eighteen years.

Post mortem examination. Emaciation extreme. Cranium large and thin; arachnoid opaque; a good deal of subarachnoid fluid. Brain large; lateral ventricles each containing about half an ounce of serum; substance normal. Spinal cord was firm and natural in every portion; arachnoid opaque. The heart was small, but healthy: slight pleural adhesions at the upper part of the chest, and firm consolidation of one portion of the right lung. A pouch-like dilatation of the duodenum existed at its lower portion; in other respects all the abdominal viscera were healthy. The uterus was small, but showed no indication whatever of disease.

Editor's Letter Box.

THE COLNEY HATCH ASYLUM.

Letter from John Hitchman, M.D.

Sir,—I perceive that, in your leading article of to-day, on "The Colney Hatch Asylum", you have deemed it right to depreciate the "non-restraint" system in the treatment of the insane, and to contrast it unfavourably with the system pursued in the Lunatic Colony at Gheel.

I have never visited Gheel. Like the compiler of a paper on "Lunatic Asylums" in the *Quarterly Review* of April last, I have derived my knowledge of the system pursued there exclusively from an interesting paper by Dr. Webster in the *Psychological Journal*. Therefore I am not so presumptuous as to condemn the system, or so rash and reckless as to applaud it "as a light" which "we shall be constrained to follow". According to Dr. Webster, "all *suicidal, dangerous, homicidal*, or *mischievous* insane patients, are rarely if ever received as inmates at Gheel; while, on the other hand, should any resident subsequently come under these categories, *they are forthwith sent home, or to an asylum elsewhere.*" This fact renders all comparisons between it and the English lunatic asylums illogical, delusive, and mischievous.

My object in writing this note is to point out the fallacy of depreciating Mr. Gardiner Hill and the non-restraint system, simply because, in your opinion, Colney Hatch Asylum is "a huge bastile", or "a house of detention of the most dismal kind." What has this circumstance, Mr. Editor, to do with Mr. Gardiner Hill, or with the non-restraint system? Where is the logic, where is *the justice*, of such a sentence as the following?

"Colney Hatch is *a house of detention of the most dismal kind;* and Mr. Gardiner Hill need not talk any more about the authorship of the non-restraint system so long as this huge bastile is appropriated to the incarceration of such a little army of helpless beings?

Did Mr. Gardiner Hill plan, and recommend Colney Hatch Asylum as the model of what such institutions should be? Certainly not. Does the non-restraint system demand "a huge bastile" as a condition of its success? Certainly not. Has not Dr. Conolly, the eloquent advocate of the non-restraint system, formally condemned such large asylums, because "*every desirable quality*, both in the construction and government of an asylum, becomes more difficult to be obtained and preserved" under such circumstances? He has done so. Where then, I repeat, Mr. Editor, is the logic—where the justice of such insinuations?

I have not the honour of a personal acquaintance with Mr. Gardiner Hill, but on public grounds, I object to the wanton use of a gentleman's name in connection with a subject for which he is no more responsible than he is for the judicious conduct of the BRITISH MEDICAL JOURNAL.

Moreover, as one who has been associated with lunatic hospitals for more than twenty years, and who has practised the non-restraint system for upwards of fourteen years, I protest against the inference, that the non-restraint system of treating the insane is inseparable from "huge bastiles"; as also against your insinuation, that there is anything in that treatment upon which men will look "with feelings of *disgust*, differing only slightly in degree from those with which we read of the treatment of madmen in old Bedlam."

I am, etc., JOHN HITCHMAN.

Mickleover, near Derby, August 15th, 1857.

[As the name of the Editor of this JOURNAL has been associated with this article by nearly all the medical journals, and as Dr. Hitchman appears to have read it, we must confess our surprise at his idea that we should feel inclined to deprecate the non-restraint system. Why, the whole article is a laudation of this so-called system—and something more. Dr. Hitchman styles that article a "compilation", whereas it breaks altogether new ground with respect to the treatment of lunatics in pauper asylums. We scarcely should have thought it necessary to remind that gentleman that "compilations" are never admitted in the *Quarterly Review*.—EDITOR.]

MEDICAL PRESCRIPTIONS.

LETTER FROM JOSEPH STONE, M.D.

SIR,—My thoughts have lately been directed to the subject of prescriptions. The profession and the public would, I think, be equally benefited by a rule like the following. All prescriptions written by medical men, and compounded by druggists, should be returned to the prescriber; and no druggist should make up an old prescription without the fresh sanction of the medical attendant.

Mr. Silex, a general practitioner, is called out of his immediate neighbourhood. To save his own time, or to spare the patient trouble, he writes prescriptions for the case. He finds, perhaps, in a month or two, that his patient has been seized with his old complaint. Mr. S. has not been called in; the old prescriptions have been used, and with success, without his knowledge. This is an injustice to the doctor. The patient has a third attack; the same prescriptions are employed until, matters getting worse, he sends for the practitioner, who finds himself called in too late. This is a serious matter for the patient and his friends, as well as an injustice to the doctor.

Again, Mrs. Essex has certain symptoms which she details to Mrs. Bristol, who immediately finds her a prescription which the said Mrs. B. "paid a guinea for", and which she assures her friend will prove an infallible cure. Poor Mrs. Essex—the good intentions of her friend have nearly poisoned her.

I have known a prescription sold for half-a-crown; and I have known a prescription lent for sixpence or a shilling a time.

The following case occurred to me lately. The child of a patient was taken into the country, and, while there, had a fresh attack of chronic eczema. He was placed under the care of a highly respectable physician, who undertook the case with a special proviso that the child should be frequently brought to him, that he might watch the action of his remedies. Much benefit was derived from the treatment. On his return, the symptoms reappeared; and a bundle of prescriptions, marked Nos. 1, 2, 3, etc., were about to be put into requisition, when it was suggested by a relative that I should be consulted. I found arsenic, in rather considerable doses, had been given. It was manifestly an improper use they were about to make of the prescriptions, and might have been attended with serious results.

I am aware that some patients think they pay for the prescriptions, and would insist upon retaining them; but they should be taught that they pay for *advice*, and not for the "paper written in Latin".

I cannot but think that, after a little while, respectable druggists would fall in with the plan I propose; namely, in all cases to return the prescription to the prescriber where practicable. A penny stamp and an envelope would be the only cost.

I will not take up further space, but submit the question to the profession, and especially to all Medico-Ethical Associations.

I am, etc.,

JOSEPH STONE.

Manchester, August 18, 1857.

Parliamentary Intelligence.

HOUSE OF COMMONS.—Thursday, August 13th, 1857.

THE ATMOSPHERE OF THE HOUSES OF PARLIAMENT.

Mr. ESTCOURT said, seeing the First Commissioner of Works in his place, he begged to ask him a question. The other day the right hon. gentleman, in answer to a question put to him by the hon. member for North Staffordshire (Mr. Adderley), stated that he had entered into communication with the local authorities of Lambeth with regard to certain noxious trades carried on in that parish, and which, as was obvious to the perception of every one who put his nose out of the library windows of that House, were, to a considerable extent, the cause of the bad vapours which entered the House from the direction of the Thames. The question he had to ask of the right hon. gentleman was, whether that communication had led to any result, and if so, whether he felt himself at liberty to state it to the House?

Sir B. HALL, in reply, stated that the vestry of the parish of Lambeth had been requested by him to cause steps to be taken for the abatement of the nuisance, to which the vestry replied "that they were not prepared to take any legal proceedings in connexion therewith." The House would therefore see how important it was that the Act of 1855 should have contained the clause inserted on the recommendation of the Select Committee, imposing penalties on the local authorities for the neglect of duty on their part, and how much it was to be regretted that that clause should have afterwards been expunged. [*Hear, hear.*] He would only add that he hoped early in next session the House would pass a short Bill to remedy the omission, and to compel the local authorities, on requisition being made to them, to act in the discharge of their duty. [*Hear.*]

Monday, August 17th.

CROWDED DWELLINGS PREVENTION BLLL.

On the motion for going into committee on this Bill,

Mr. RIDLEY hoped that the Government would withdraw the Bill for the present session. Its provisions were of the utmost importance; they trenched upon the liberty of the subject, and ought not to be passed without great consideration. The hon. gentleman moved that the Bill be committed this day three months.

Mr. HENLEY joined in the request for the postponement of the Bill for the present session. It was very badly drawn, and one of the clauses read in conjunction with the preamble gave the police power to enter into every house in the kingdom. Another clause gave the London police power to go over all the kingdom to carry the provisions of the Bill into operation.

Mr. KINNAIRD supported the Bill. If London were polled, the vote of every poor man would be given in favour of it. The state of the lodging-houses in London was terrible. Not long ago he went with one of the police to visit some of these lodging-houses, when he was surrounded by persons who begged that the provisions of the existing Act might be extended to houses which did not now come within their operation. There were many places which, though not technically, were practically lodging houses, in which several families were crowded together. In one tenement he saw thirty or forty miserable Chinese so crowded together as to breed all kinds of filth and

abomination. The crowding of 3,000,000 of persons into a single city was a highly artificial arrangement, and it required some special enactments, like those now proposed, to get for the poor some measure of air, water, and other matters required for healthy and convenient living.

Sir W. Jolliffe condemned the provisions of the Bill, which would defeat the operation of that very excellent measure—the Common Lodging-houses Act.

Mr. W. Cowper said that he was not responsible for the framing of this Bill, but he should not be doing justice to those who introduced it into the House of Lords if he were now to withdraw it. If they went into committee, he could show that the measure was not open to the objections which had been raised to it. The second clause did not, as had been alleged, apply to private dwellings, but only to lodginghouses or flats of dwelling-houses. In the third clause it would be desirable to introduce words limiting the authority of the Police Commissioners to their own district. The hon. gentleman concluded by repeating the explanation of the provisions of the Bill which he gave when its second reading was under discussion.

Mr. Locke said that the overcrowding of the dwellings of the poor was the result of our great improvements, and that we had now no right to turn the occupants out of their houses, as was proposed by this Bill, without taking any care where they went to afterwards.

Lord Palmerston said that the House did not appear clearly to understand the nature or the principle of the Bill. Hon. gentlemen got up and said that the Bill proposed an interference with the dwellings of the poor, but the fact was that it was not with the dwellings of the poor that the Bill proposed to deal. The fact was that the unfortunate wretches for whose welfare the Bill provided did not live in their own houses. A number of capitalists had built tenements which were occupied by the poor as lodginghouses, and, from a sordid love of gain, they kept the inmates of those tenements in a state of misery, of dirt, and disease. He trusted that the House would not be led away by misrepresentations, and retard the progress of a measure which would be productive of great benefit to the labouring classes. [*Hear, hear.*]

Colonel Sykes would not, at that late hour, trespass long upon the attention of the House, but there were certain facts with which he thought they ought to be made acquainted. The condition of the lodginghouses did not regard the poor alone, but being, as they were at present, nuclei of disease and pestilence, they affected the whole community. A report which had been drawn up for the Statistical Society of London, and part of which had been prepared from his own personal experience, disclosed a sad state of things with regard to the condition of the poorer classes. He would not trouble the House by quoting many passages from that report, but there were one or two which he thought that it would be advisable to refer to. There were many cases mentioned in that report illustrating the deplorable condition of the working classes with regard to lodging accommodation in the manufacturing districts. It appeared, also, from the report, and he could confirm it from personal observation, that in Church-lane, St. Giles's, in London, the population examined was 463, the number of families 100, and the number of bedsteads among them 90, the average being above five souls to a bed; and many rooms were inhabited by as many as 22 souls, without water, or drainage, or privies, while in one of the rooms containing 22 souls there was also a dead body. The condition, in fact, of those people was so revolting, that a committee of the Statistical Society of London had concluded a report, which they were called upon to make, as follows:

"Your committee have thus given a picture in detail of human wretchedness, filth, and brutal degradation, the chief features of which are a disgrace to a civilised country, and which your committee have reason to fear, from letters that have appeared in the public journals, is but the type of the miserable condition of masses of the community, whether located in the small, ill-ventilated rooms of manufacturing towns, or in many of the cottages of the agricultural peasantry. In these wretched dwellings all ages and both sexes, fathers and daughters, mothers and sons, grown up brothers and sisters, stranger adult males and females, and swarms of children, the sick, the dying, and the dead, are herded together with a proximity and a mutual pressure which brutes would resist; where it is physically impossible to preserve the ordinary decencies of life; where all sense of propriety and self-respect must be lost, to be replaced only by a recklessness of demeanour which necessarily results from vitiated minds; and yet, with many of the young, brought up in such hotbeds of mental pestilence, the hopeless, but benevolent attempt is making to implant, by means of general education, the seeds of religion, virtue, truth, order, industry, and cleanliness; but which seeds, to fructify advantageously, need, it is to be feared, a soil far less rank than can be found in these wretched abodes. Tender minds, once vitiated, present almost insuperable difficulties to reformation; bad habits and depraved feelings gather with the growth and strengthen with the strength."

Well, then, the hon. member for Southwark had talked about erecting buildings for the accommodation of the labouring classes. Now, such an attempt had been made; and in one building which had been erected in Old Pancras there was accommodation for nearly 100 families; and so well arranged were the sanitary regulations of that establishment that, during the cholera, not a single case of that disease appeared within it, although it was prevalent in the immediate neighbourhood. For his own part, he thought that the Bill was one which would, to a certain extent, remedy a great abuse, and he would therefore feel it his duty to support it. [*Hear, hear.*]

Mr. Ayrton thought that whether a poor man occupied a whole house or a single room, his dwelling ought to be as inviolate as that of the richest man in the land; and he could not approve of the power which this Bill would give to the police, to enter and inspect the residence of a poor man at any time they might think fit to do so.

After some discussion the House divided, when the amendment was negatived by 44 to 23.

The House then went into committee, but the chairman immediately reported progress.

The House adjourned at 2 o'clock.

Friday, August 18th.

CROWDED DWELLINGS PREVENTION BILL.

The House went into committee again on this Bill.

Mr. Ridley again suggested the propriety of postponing the further consideration of this Bill until next session.

Mr. Cowper said that the Bill had been before the House sufficiently long to be amply considered. It was true that the Bill as originally introduced was restricted to the metropolis, where the evil to be met chiefly existed; but, as the Bill referred to the Common Lodginghouses Act, which applied to the whole country, it was thought proper to extend the application of the Bill. Except for the purpose of defeating the Bill, he could not understand the reason of postponing its consideration. [*Hear, hear.*]

Mr. Cox seconded the motion. The Bill was a gross outrage upon the poorer classes of the country, and would place the whole metropolis in the hands of the police.

Mr. John Locke objected to this Bill because it interfered with every man in the metropolis, and throughout the country, as to the mode in which he chose to live in his own house, and enabled the police to enter every man's private dwelling.

Lord Palmerston said this was a question between speculating builders, who wished to overcrowd the houses they erected, and the poor, who were the victims of their cupidity. [*Hear.*] The hon. gentleman said that an Englishman's house was his castle. In this case every builder's house was his dungeon; and it was into this unhealthy dungeon that, for the sake of private gain, they crowded a number of persons, who could not live together with safety to either body or mind. [*Hear, hear.*] As to the question of time, that was a commonplace stereotyped argument, which hon. members, who felt they could not oppose a Bill upon its merits, frequently brought forward. He hoped the committee would listen to no argument of that sort. Every objection which had been urged against this measure applied equally to the Lodginghouse Act, which we proved to have conferred the greatest possible benefit on the poor of this metropolis; and he trusted that the committee would defeat the attempt to throw out this Bill, and would thereby complete the good work which that Act had begun. [*Hear, hear.*]

Mr. Knight regarded this as only one of a series of stringent measures for increasing the power of the Government over the subject, which ought to be strenuously resisted. The police ought to be strictly confined to their single, proper duty—the prevention of crime; otherwise, the same system of gradual encroachment which had enslaved the nations of the continent would be insidiously extended to this country.

Mr. Cox thought the chairman ought to report progress, in order to allow the noble lord at the head of the Government an opportunity of reading the Bill, of which it was evident he knew nothing. Had the noble lord ever read the *History of England*. [*A laugh.*] If he meant to play Wat Tyler with the people of

England, they would be able to find persons to play the tyrant against him. [*Much laughter.*]

Sir W. JOLLIFFE disclaimed the imputation that had been cast upon him of having opposed the Bill from unworthy motives.

Lord PALMERSTON did not know what was meant by saying that the Government had imputed base motives to those who opposed the Bill. If any imputations had been cast, they had been rather cast upon the Government by those who opposed the Bill, that under the semblance of improving the Common Lodging-houses Act, they were attempting a tyrannous interference with all private houses, and that they sought to establish domiciliary visits. The hon. member for Finsbury had even gone so far as to impute to him a desire to imitate the example of a person whom the hon. member conceived to be a great tyrant. [*Laughter.*] If the hon. member inquired within the limits of his own borough into historical facts, he would acquit him of any display of arbitrary government and tyranny, as resulting from an imitation of Wat Tyler. [*Loud laughter.*] He earnestly hoped the committee would adopt the amendment of his right hon. friend (Mr. Henley), which the Government were quite willing to accept. [*Hear, hear.*]

After a few words from Mr. S. FITZGERALD, Mr. AYRTON, and Mr. CARTER,

The committee divided, when there voted—

For reporting progress	22
Against it	35
Majority	—13

The amendment proposed by Mr. Henley was then introduced, and clause 1, as amended, was agreed to.

The Chairman then reported progress, and the House resumed.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

In these lists, an asterisk is prefixed to the names of Members of the Association.

BIRTHS.

GRIFFITH. On August 13th, at Peckham, the wife of *John T. Griffith, Esq., Surgeon, of a son.

HARE. On August 13th, at Great Baddow, Essex, the wife of *Henry Hare, M.D., of a daughter.

POLLOCK. On August 12th, at 4, Chandos Street, Cavendish Square, the wife of James Edward Pollock, M.D., of a son.

SMITH. On August 17th, at 13, John Street, Berkeley Square, the wife of Thomas Henry Smith, Esq., Surgeon, of a son.

MARRIAGES.

*CLARKE—GRAYSON. CLARKE, John, Esq., Surgeon, of Kenilworth, to Eliza, youngest daughter of the late John Grayson, Esq., of Dowdsby, Lincolnshire, at Kenilworth, by the Rev. B. J. Bickmore, vicar, on August 18th.

DUDMAN—SHIRREFF. DUDMAN, the Rev. L. S., rector of Pitney, Somerset, to Mary Anne Eyre, younger daughter of James Hales Shirreff, M.D., of Lympstone, Devon, at Lympstone, on August 12th.

GOODDY—WARD. GOODDY, George, Esq., Surgeon, of Thorne, Yorkshire, to Sophia Godson, youngest daughter of the late W. Ward, Esq., of Brompton, London, at Thorne, on August 13th.

TRESIDDER—COURTIS. TRESIDDER, John N., Esq., civil surgeon, Cawnpore, East Indies, to Emily Hooton, fourth daughter of R. S. Courtis, Esq., of Falmouth, at Camberwell, on August 15th.

DEATHS.

DODS, George Douglas, Esq., Staff-Surgeon in H.M. Forces, aged 40, on August 16th.

POULSON, W. H., Esq., Surgeon, at Mansfield, Nottinghamshire, aged 52, on August 13th.

PASS LISTS.

ROYAL COLLEGE OF SURGEONS. LICENTIATES IN MIDWIFERY admitted at the meeting of the Board on August 12th:—

ALCOCK, John, Cobridge, Staffordshire
BANNISTER, Alfred James, Chelsea
BARKER, Samuel, Ramsgate
BRIGHT, Richard Stonhewer, Richmond
COBBETT, Robert Newberry, Winchmore Hill
CROSSLEY, William Henry, Wath-upon-Dearn, co. York
DUCHESNE, Robert, White Lion Street, Norton Folgate
FLUDER, Charles John, Lymington, Hants
HARLEY, Thomas, Cleobury Mortimer, Salop
HARRIS, Edward, Calcutta
HINDER, John, Calcutta
HOGG, Francis Roberts, Gower Street
MASON, Benjamin Earnshaw, Calcutta
NEWMAN, Augustus, Oxford
PHILPOTT, Henry Gray, Brighton
RADLEY, William Hepworth, Doncaster
ROSE, George Cowper, West Square, Lambeth
SCOTT, Thomas Alexander Fraser, Aberdeen
SIMMS, Frederick, Tonbridge Place
WHITEFIELD, Arthur, Barnstaple, Devon
WILKES, George, Stepney Green

UNIVERSITY OF LONDON. M.B. First Examination, 1857.

First Division.

ADAMS, Samuel Hoppus, University College
ALFORD, Henry James, University College
CARTER, Robert, University College
CAYLEY, William, King's College
COOKE, John, St. Thomas's Hospital
COUSINS, John Ward, St. Thomas's Hospital
CROWFOOT, William Miller, St. Bartholomew's Hospital
DURHAM, Arthur Edward, Guy's Hospital
HARLEY, John, King's College
HICKMAN, William, University College
HILL, Matthew Berkeley, University College
HIND, John Marriott, University College
JEFFCOAT, James Henry, St. Mary's Hospital
KEMPSTER, Felix Henry, University College
KNAGGS, Henry, Guy's Hospital
LANGDON, Thomas Charles, St. Bartholomew's Hospital
LLOYD, Edward Harford, London Hospital
MARRIOTT, Charles Hayes, University College
MOXON, Walter, Guy's Hospital
PEMBERTON, Clarence Linden Henderson, Queen's College, Birmingham
PILE, William, University College
RINGER, Sydney, University College
RIVINGTON, Walter, London Hospital
RIX, William Howells, Middlesex Hospital
SMITH, Eustace, University College
THOMPSON, Edmund Symes, King's College

Second Division.

BUCHANAN, Albert, B.A., University College
COPESTAKE, Walter, St. George's Hospital
EVERET, Wilton, London Hospital
GASQUET, Joseph Raymond, University College
HARVEY, Charles Hamilton, King's College
SANSOM, Arthur Ernest, King's College
SHEPHERD, James, University College
SQUIRE, Alexander John Balmanno, University College
STOKOE, Paul Henry, Guy's Hospital

HEALTH OF LONDON:—WEEK ENDING AUGUST 15TH, 1857.

[From the Registrar-General's Report.]

THE deaths registered in London in the week that ended on Saturday (August 15th) were 1187, and exhibit a decrease on those returned in the three previous weeks, when they ranged from 1209 to 1238. In the ten years 1847-56 the average number of deaths in the weeks corresponding with last week was 1255. But the deaths of last week occurred in an increased population, and to admit of comparison the average should be raised in proportion to the increase, in which case it will become 1380. The average rate of mortality would have produced more deaths by 193 than the number in the present return; but it is proper to state, that as that rate is derived in part from periods when cholera raged, it is too high as a measure of health when the population is happily free from such calamity; and that the mortality *from all causes* at the present time differs little from the ordinary amount at this season of the year.

The deaths from diarrhœa, which rapidly rose to 302 in the last week of July, and in the next week declined to 258, again exhibit a slight decrease, the number returned last week being

244. In the ten weeks (of 1847-56) corresponding with last week, the deaths from this complaint ranged from 81 to 253. The London registers during the last twelve years reveal a very striking increase in the prevalence of diarrhœa; for on referring to the returns for the second or third week of August in 1840-45 it will be seen that the number of cases in which it was fatal was as low as 20 or 11, and did not exceed 70. Besides the deaths from diarrhœa there were 21 last week from "cholera" and "choleraic diarrhœa," 12 of which occurred to young children. The Registrar of the sub-district of Woolwich Arsenal reports a death from "English cholera" after an illness of 40 hours. The deceased was a rigger in the dockyard, and had been employed for several days in raising the convict hulk "Defence," and it appears that he suffered extremely from what was described by him as "the awful stench" of the river during the performance of his work.

Last week the births of 875 boys and 743 girls, in all 1,618 children, were registered in London. In the ten corresponding weeks of the years 1847-56 the average number was 1,448.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·793 in. The *highest* reading in the week was 30 in. on Wednesday. The mean temperature of the week was 63·7°, which is 2·1° above the average of the same week in 43 years (as determined by Mr. Glaisher). The mean daily temperature was highest on Thursday, having been 68·6°, which is 7·1° above the average. The *highest* readings of the thermometer occurred on that day, and were 83·6° in the shade, and 105° in the sun. The mean dew-point temperature was 57·7°, and the difference between that and the mean temperature of the air was 6°. The mean temperature of the water of the Thames was 68·2°. The general direction of the wind was south-west. Rain fell to the amount of 1·52 in., of which so much as 1·12 in. fell on Friday. A thunderstorm commenced at half past 9 o'clock on Thursday night; it was very heavy during the first hour, and continued with intervals till five next morning. About five in the afternoon of Friday great darkness prevailed, which was followed by a very severe thunderstorm, accompanied with hail-stones of unusual size.

Nuisances on the Banks of the River Thames. Some correspondence between Mr. Goldsworthy Gurney, the Board of Works, and the Commissioners of Sewers, on the state of the river Thames and the pollution of the air on the banks of the Thames and at the Houses of Parliament, was published by order of the House of Commons on Saturday, on the motion of Mr. Estcourt, M.P. Mr. Goldsworthy Gurney, in May, June, and July last, pointed out at length, in some valuable reports to the Board of Works, a number of abominable nuisances arising from the state of the sewers in the vicinity of the New Palace at Westminster, and other causes most injurious to the health of the members. The source of the original evil (certain untrapped gulleyholes in St. Margaret's Street, New Palace Yard, and the open mouth of Bridge Street sewer) was cut off some time since; but, although the greater nuisance is removed, the minor annoyance remains. This was pointed out in a report of 1855. It arises from untrapped sewers on the south side of the river near Lambeth Palace, besides two at Millbank, one at the Penitentiary, and two at Vauxhall Bridge. The sewers at Lambeth and Millbank are the most offensive. Another source of pestilential effluvia, affecting the atmosphere of the Houses of Parliament, is the existence of bone and other offensive manufactories on the south side of the river, and also exhalations from the river itself. In June last, Mr. Gurney reported the river to be in so pestilential a state that it was difficult to keep the stench out of the Houses of Parliament, and he urged the trapping the open mouths of certain sewers forthwith. Mr. Gurney's appeals to the Board of Works were seconded by Mr. R. Burrell, of the Lord Great Chamberlain's office, House of Lords, who (July 16th) complained that the stench from the river compelled him to close all his windows, but that the poisonous effluvia penetrated to his rooms notwithstanding, causing headache, nausea, and loss of appetite. "The nuisance," he says, "is becoming greater annually;" and common humanity, he adds, requires that the Government should seriously take up the question of the purification of the Thames. The Board of Works ordered Mr. Gardiner, on the 21st ult., to put himself in communication with Mr. Gurney for the abatement of the nuisance arising from the manufactories on the south side of the river; and Mr. Bazalgette, the engineer, was also referred to. Ultimately it was intimated to the Board of Works by the Secretary of State (on the 29th ult.), that the prosecution of nuisances was left by the Metropolis Local Management Act to the local authorities of the parishes, to whom, as armed with ample powers, Sir G. Grey suggested that application should be made in the cases referred to. The state of the Thames, meanwhile, remains as before.

The Human Mind in Cities. Somehow or other, amid their crowding and confinement, the human mind finds its fullest, freest expansion. Unlike the dwarfed and dusty plants which stand around our suburban villas, languishing like exiles for the purer air and freer sunshine that kiss their fellows far away in flowery field and green woodland, on sunny banks and breezy hills, man reaches his highest condition amid the social influences of the crowded city. His intellect receives its brightest polish where gold and silver lose theirs—tarnished by the searching smoke and foul vapours of city air. The finest flowers of genius have grown in an atmosphere where those of nature are prone to droop and difficult to bring to maturity. The mental powers acquire their full robustness where the cheek loses its ruddy hue and the limbs their elastic step, and pale thought sits on manly brows, and the watchman, as he walks his rounds, sees the student's lamp burning far into the silent night. *(Dr. Guthrie, of Edinburgh.)* [If the lamp of life burns brightly in large cities, it burns quickly. It is a known fact that the citizens of a great metropolis generally die out in the third generation. Editor.]

New Charter of the University of London. A deputation on the subject of the proposed new charter of the Univerity of London had an interview with Sir George Grey, on the 13th inst., at the Home Office. The deputation consisted of—from the University College, London, Mr. Thornely, M.P., Dr. Booth, Mr. Fowler, Mr. Goldsmid, Mr. R. Hutton, Dr. Mackenzie, Mr. Frederick Wood (members of Council), with Mr. Atkinson, Secretary; from Manchester New College, Mr. R. H. Hutton; from Carmarthen College, Mr. D. Morris, M.P.; from the Committee of Graduates of the University, Mr. Mitchell, M.P., Mr. Hodgson, M.P., Professor Foster, Mr. G. Jessel, Mr. Osler, Mr. J. G. Flitch, and Mr. Heath.

Failure of the Atlantic Telegraph. (By Electric and International Telegraph.) Plymouth, Friday evening. The United States' steam-frigate *Niagara*, Captain Hudson, from the Atlantic, followed by the *Susquehanna*, Captain Sands, and Her Majesty's screw steamship *Agamemnon*, Master-Commander Noddall, entered the Sound this afternoon on their return from their unsuccessful effort to lay the telegraphic cable. On board the *Niagara*, they report that, at the time of the severance, a quarter to 4 o'clock on Tuesday morning, 335 nautical or about 380 statute miles had been laid, at a distance of 260 to 280 miles in a direct course from Valentia. The wind was southerly; there was some sea, and the ship was going from three to four knots, and the cable paying out five to six, and sometimes seven knots. As the quantity of slack thus expended was greater than expected at starting, and more than could be afforded, the retard strain was therefore increased to a pressure of 3,000 pounds, and the cable broke. The extra expenditure of slack commenced on Monday evening, when a strong breeze and heavy swell prevailed, and a powerful undercurrent was experienced. This current forced the wire from the ship at a considerable angle. When the break was applied with increased power, the stern of the *Niagara* was down in the trough of a sea, and the extra strain created by her rising was the immediate cause of the cable's parting. The *Susquehanna* was a mile off on the *Niagara's* starboard beam; the *Agamemnon*, the *Cyclops*, and the *Leopard*, were within signal distance. At 12 o'clock the *Cyclops* left for Valentia, and the *Leopard* for Spithead. The other three remained to make some experiments. Soundings were found by the *Cyclops* at 2,000 fathoms. At night they kept a course E.S.E., under easy steam, and on Wednesday morning, at 10 o'clock, bore up for Plymouth Sound. The *Niagara* is gone into Hamoaze. The general opinion is that the season is too far advanced for another effort now, but every confidence is expressed in the ultimate success of the undertaking. The machinery now aboard the *Niagara* is considered too heavy for the purpose. It is stated that the wheels ceased to revolve when the pressure was applied on Tuesday morning. *(Times.)*

The Heat in India. The *Moniteur de l'Armée* publishes a letter from Bombay of the 14th of July, which states that the heat is greater this year in the presidency of Bengal than ever was remembered. On the 25th of June the thermometer marked 52 degrees (centigrades) above zero in the English camp before Delhi. Several soldiers died that day of sunstroke.

THE SPOLLENS. There is really some show of justice in the continued demands of the *Cork Constitution* for further inquiry into the allegations preferred against Spollen's wife by Mr. Curran in the course of his able defence of the prisoner. Following up its recent remarks upon this branch of the case, the Cork paper asks,

"Is a woman publicly impeached of having attempted to procure the execution of her husband to remain at large? Is there to be no trial, no inquiry, no investigation of the grounds on which the accusation was preferred? If the Attorney-General sleeps shall the press sleep? Are our Dublin contemporaries to suffer the startling statement of Mr. Curran to be forgotten? Is it not better worth their attention than were the host of 'rumours' on which they expended so much speculation? Then why are they silent? There is a clue to the murder. Either Spollen was the murderer, or Mrs. Spollen knows who was. There is no escaping that dilemma. How, without knowledge of the murderer, could she have told where the plunder was deposited! How could her statements to the police have been verified and their search for it have been successful? How, moreover, did Spollen's razor get into the canal? We put these questions merely to show that if Spollen is innocent, Mrs. Spollen has a secret in her possession which ought not to be left there, and that if he is not innocent, she ought not to be made the victim of the foulest calumny ever uttered against a mother and a wife. No license can excuse, no exigency can justify it. Either it is true, and she is worse, more heartless, more hardened, more infamous than the shedder of Mr. Little's blood; or it is false, and —— but we must not trust ourselves with the inference. Be it which it may, it is the duty of the law officers to search it out, and the duty of the press to keep them to it. Wherever the accusation is believed, that woman stands in a more undesirable position than Spollen stood in before he was arraigned; and ought this to be so and she still at large? Is that the result we look for from legal process in superior courts? Is one to be acquitted that another, unconvicted and unquestioned, may be condemned?" *Times Correspondent.*

VENTILATION BY THE STEAM JET. A somewhat novel application of the steam jet, for the purpose of ventilating a coal mine, has just been made by Mr. F. H. Pearce, of the Bowling Ironworks, near Bradford. The *Leeds Mercury* gives the following account of the application: "The application is at present in operation in a pumping shaft, 120 yards in depth, the ventilation of which had been stopped by the water rising at the bottom of the pit during the time some alterations were being made in the pumps. The water having stopped the air-courses, the pit, to within a few yards of the top, became full of the gas known to miners as black or choke damp, which appears to have been discharged freely from some old workings, and thus it was rendered an impossibility for the workmen to descend until the removal of the gas had been effected, and a constant current of pure air produced in the pit. Mr. Pearce has succeeded in maintaining so perfect a ventilation of the above-mentioned pit, simply by allowing a small jet of steam to issue into the atmosphere at a few feet from the top of the pipes through which the water is forced up when the pumps are at work, and the pit can be worked with perfect safety. The workmen were enabled to descend thirty minutes after the steam had been turned into the pipes. The principle is exceedingly simple. The jet of steam issuing from the top of the pipes produces in them a partial vacuum, which draws the foul air up these pipes, and thence out of the pit, with very great velocity. The cost of applying the steam jet in the above manner is very trifling; and this method of ventilation will, doubtless, be found a very safe and useful one in many instances, particularly in sinking deep shafts. In addition to other advantages, wood or any other kind of pipes may be used. It requires little or no attention, no machinery to get out of repair, produces a powerful current of air, and can be regulated at pleasure. As the steam is discharged into the atmosphere above the top of the pit, it does not interfere with the men working in the shaft."

TO CORRESPONDENTS.

POSTAGE OF MANUSCRIPT AND PRINTED MATTER.

Any amount of manuscript or printed matter, singly or together, provided it contains nothing in the form of a letter, is transmitted through the post, in packets *open at the ends*, at the following rates: not exceeding 4 ounces, one penny; above 4 and not exceeding 8 ounces, twopence; above 8 ounces and not exceeding 1 pound, fourpence; for every additional half-pound or under, twopence.

ANONYMOUS CORRESPONDENTS should always enclose their names to the Editor; not for publication, but in token of good faith. No attention can be paid to communications not thus authenticated.

TO CONTRIBUTORS. The Editor would feel glad if Members of the Association and others, would cooperate with him in establishing as a rule, that in future no paper for publication shall exceed two pages of the Journal in length. If the writers of long communications knew as well as the Editor does, that lengthy papers *always* deter the reader from commencing them, this great evil would never arise. Brevity is the soul of medical writing—still more than of wit.

Members should remember that corrections for the current week's JOURNAL should not arrive later than Wednesday.

WE are obliged to Mr. Garstang for his communication, but we think the subject has been sufficiently discussed already.

MR. NATHANIEL CRISP, by referring to the Hospital Reports of August 8th, will find a detailed account of the death from Amylene at St. George's Hospital; and in the same department of this week's paper, he will find an account of the death from Chloroform at King's College Hospital.

Communications have been received from:—MR. T. HOLMES; DR. MACKINDER; DR. C. HANDFIELD JONES; MR. STONE; MR. R. L. BOWLES; MR. C. BADER; MR. WALTER GARSTANG; MR. AUGUSTIN PRICHARD; MR. NATHANIEL COATS; MR. NATHANIEL CRISP; MR. R. WOOD; MR. GEORGE YATES; DR. J. HITCHMAN; and DR. JOSEPH STONE.

BOOKS RECEIVED.

[* *An Asterisk is prefixed to the names of Members of the Association.*]

1. On Mineral Waters; their Physical and Medicinal Properties. By Robert Mortimer Glover, M.D. London: Henry Renshaw. pp. 375.
2. A Key to the Adulteration of our Daily Food. Compiled by William Dalton. London: Published by E. Marlborough & Co. 1857.
3. Metropolitan Workhouses and their Inmates. London: Longmans. 1857.
4. La Vaccine: ses Conséquences Funestes, démontrées par les Faits, les Observations, l'Anatomie pathologique, et l'Arithmétique. Réponse au Questionnaire Anglais relatif à la Vaccine, adressé aux Academies par la Chambre des Communes d'Angleterre. Paris, &c. Baillières. 1857.

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